Detecting and Preventing Financial Abuse of Older Adults: Examining Decision Making by Health, Social Care and Banking Professionals

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Abstract

Financial elder abuse is gaining increasing attention from researchers and policy makers. Such abuse can include theft of money as well as misuse of assets such as property. This research applied judgement analysis methodology to explore professional decision making in the context of such abuse and to identify the nature of the cues used to detect and prevent abuse.

Participants included social care, health and banking professionals, who were established as key decision makers. In Phase I, semi-structured interviews (n = 63) were conducted. The critical incident technique was used to identify cue use and decisions taken in the most recent case experienced. Key cues for both social care and health professionals included the nature of the 'financial problem suspected', the older persons 'mental capacity' and the 'identifier of the abuse', this being whether the abuse was directly observed or instead reported by a third party. A separate cue used by health professionals was the individual's 'physical capacity'. Banking professionals did not use physical or mental capacity as cues, but independently considered 'who was in charge of the money'. Decisions made by social care professionals included determining whether safeguarding procedures should be implemented.

In Phase II, a factorial survey approach was applied whereby social care, health and banking professionals (n=223) were presented with case scenarios incorporating the cues from Phase I in addition to cues from literature review. Multiple regression analysis and incremental F-tests identified the cues that explained a significant amount of the variance in judgements of certainty of abuse and likelihood of taking action. For example, for social care and health professionals this included the older person's mental capacity, and the nature of the financial problem suspected. The findings could be used to develop a training tool to enable other professionals to improve their strategies for detection and prevention of financial elder abuse.

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Chapter 1 Introduction

This chapter provides an overview of a PhD research project investigating decision making in the context of financial elder abuse. The research was part of a New Dynamics of Ageing (NDA) Programme grant looking at the financial abuse of older people and the role of different professions in its detection and intervention. The NDA financial abuse grant involved a multi-disciplinary research team of academics from different universities and project partners representing charities, older people and professional interest bodies. The primary research base was the Brunel Institute for Ageing Studies, where the project's chief investigator was located as well as the PhD research supervisors and the research team members involved in data collection. Certain aspects of the methodology development and data collection of the PhD research involved collaboration with NDA project team members, primarily those based within Brunel University. Throughout the report, any group involvement will be highlighted, with initials used to identify those involved[1]. The eight sections of the PhD thesis are listed as:

- Chapter 2 Literature review
- Chapter 3 Project overview
- Chapter 4 Phase I methodology
- Chapter 5 Phase I results and discussion
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Chapter 2, the literature review, draws together relevant literature from the elder abuse and judgement and decision making fields to establish the context and topic of study; and justify the approach taken to explore professional decision making in cases of suspected financial abuse. The literature review is divided into two parts,

[1] The NDA project team based at Brunel University included the project chief investigator Prof. Mary Gilhooly, grant holder Dr Priscilla Harries, research fellow Dr Deborah Cairns, two PhD research students; Miranda Davies and Elizabeth Notley, and project administrator Andrea Whitehead.

with Part I reviewing key policy guidance in relation to adult safeguarding as well as considering elder abuse and financial elder abuse in particular. Part II describes judgement and decision making research approaches, and evaluates what each approach could offer to the study of financial elder abuse. Judgement analysis was identified as the methodology thought best suited to investigate professional decision making in the context of financial elder abuse.

Chapter 3, the project overview, introduces the two phases of research, identifying how judgement analysis shaped the phased approach adopted. Elder abuse literature and policy is used to introduce the research questions addressed in research Phase I and II. The selection of social care, health and banking professionals as the three participant groups is described, and research ethical approval for the research is reviewed.

Chapter 4 describes the Phase I methodology, where semi-structured interviews applying the critical incident technique were conducted to explore professionals' case experiences of dealing with suspected financial elder abuse. The aims of Phase I were to establish the cues that led to abuse being detected, what sort of decisions had to be made, as well as factors that could make decision making particularly difficult or easy. The process of content analysis of the interview transcripts is also described.

Chapter 5 presents the results of the content analysis of Phase I interviews with social care, health and banking professionals about incidents of suspected financial elder abuse. Quotations from the interviews are used to illustrate the cues of financial elder abuse, decisions that were made and factors affecting the experience of decision making. The findings for each professional group are discussed in relation to the elder abuse literature, considering implications for detection and prevention of financial elder abuse.

Chapter 6 describes the Phase II research methodology, which used a factorial survey approach. Participants were asked to make judgements about a series of case scenarios involving suspected financial elder abuse. Phase II aims were to establish which cues of financial abuse in the case scenarios had the greatest influence on judgements made by professionals, and to explore the effects of the professionals' demographic characteristics on their judgements and the consistency of their judgement policy. The development of the case scenarios, which applied a

fractional factorial design is described, as well as the methods of analysis used to model judgement policies and assess the consistency of professionals' judgements.

Chapter 7 describes the results of Phase II of the research with social care and health professionals, and Chapter 8, the Phase II findings for banking professionals. Both chapters present the cues found to have the greatest impact on professionals' judgements, considering the findings emerging from analysis at the individual level as well as for each professional group overall. Findings from a cluster analysis are provided to identify participants who made similar judgements, as well as a comparison of the demographic characteristics of different cluster groups. Participants' level of judgement consistency is also evaluated, with assessment of the implications for identifying professionals with the greatest judgement expertise. The discussion considers the results in relation to previous literature as well as implications for abuse detection and prevention building on the Phase I findings.

Chapter 9 provides an overall discussion of the findings emerging from the research undertaken in Phase I and Phase II. A critique of the research is provided. The chapter concludes by considering the research in the context of the field of judgement and decision making research, and suggests possible directions for future research based on the findings.

Chapter 2 Literature review

This chapter is divided into two parts. Part I describes key policy guidance in relation to adult abuse, and presents research investigating elder abuse, to justify the focus of the research on financial elder abuse[2]. Specific attention will be given to the implications of policy and research on how such abuse is detected and addressed by different professionals. Areas of research interest in relation to financial elder abuse are identified based on the literature evidence. In Part II of the literature review different judgement and decision making theories and approaches are presented, evaluating their potential application for researching decision making in cases of suspected financial elder abuse. Key debates in the judgement and decision making literature are introduced to consider the implications of these issues for the study of decision making in relation to financial elder abuse. The potential application of various judgement and decision making approaches to financial elder abuse research is then critiqued.

Part I – The context and topic of study: financial elder abuse

2.1 UK policy documents addressing adult abuse

The two reports discussed in this section include the guidance document *No Secrets* (Department of Health [DH], 2000) and the review of this guidance, *Safeguarding Adults* (DH, 2008). Identifying key UK policy was the starting point for investigating adult abuse, as *No Secrets* (DH, 2000) can be seen to have had a significant impact on how abuse is defined, as well as the processes adopted to deal with such cases. The guidance review *Safeguarding Adults* (DH, 2008) demonstrates how perceptions of adult safeguarding have changed since the release of *No Secrets* (2000), and this change has implications when considering current professional practice in this area.

No Secrets

In 2000, the Department of Health released policy guidance for England and Northern Ireland relating to adult abuse, entitled *No Secrets*. The National Assembly

[2] The strategy adopted to determine relevant literature in the area of adult abuse involved firstly identifying key United Kingdom (UK) guidance documents. These publications were used to guide a targeted search within the database search engines Scopus and Web of Knowledge (searching for articles referencing 'No Secrets', 'In Safe Hands' and 'Safeguarding Adults') to explore current research in the elder abuse field. A broader literature search was conducted to identify material that had been published in relation to financial elder abuse (search terms included 'financial elder abuse', 'financial exploitation', and 'financial abuse & older people'). Specific searches were undertaken to identify material referencing the most recent UK elder abuse prevalence study (search term: 'UK study of abuse and neglect of older people').

for Wales (2000) released a parallel document entitled *In Safe Hands*. For the purposes of this chapter *No Secrets* (DH, 2000) will remain the focus to avoid diversion into an analysis of policy differences between the two documents.

No Secrets (DH, 2000) suggests a number of aspects that could have an impact on perceptions of abuse, such as the association between abuse and an individual's perceived vulnerability. *No Secrets* (DH, 2000) provides the following definition of a vulnerable adult (as shown below), which has been referenced in subsequent research, such as Mansell, Beadle-Brown, Cambridge, Milne and Whelton (2009), due to the impact of the guidance. A vulnerable adult is someone:

> "who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation". (Lord Chancellor's Department, 1997 as cited in DH, 2000, p. 8-9)

This definition incorporates three main components that indicate vulnerability characteristics, one being the supposed 'reason' for vulnerability. Given that age is highlighted in this context, older people could be seen to be vulnerable, although no evidence was provided as to the association between age and vulnerability.

The second component, specifying a link to uptake of care provision, raises concern as this limits the scope of the definition's application in cases of abuse of people living independently not known to any community agencies. This is highlighted in the 2008 consultation on the effectiveness of *No Secrets* (DH, 2000), which is considered later in this section. The third component of vulnerability references the individual's response to the abuse situation. The emphasis implies a degree of helplessness in people affected by abuse, which may affect how they are perceived and dealt with by professionals.

When considering guideline content, *No Secrets* (DH, 2000) suggested that policies to deal with abuse should be developed at a local level. It specified that different professionals should work together to respond to cases of abuse, with social services co-ordinating this response. Health and social care professionals should be included as well as other agencies with specific expertise in the type of abuse under investigation. One impact of this has been that each local Council social service in

the UK has developed guidelines for addressing adult abuse. In the Greater London area, Councils operate within London Boroughs. For example, the London Borough of Merton produced the *Safeguarding Adults Multi Agency Toolkit* (Merton Council, 2007), which lays out the responsibilities of different organisations in the area and what actions should be taken if abuse is suspected. Social services therefore play a key role in dealing with cases of adult abuse given this outlined responsibility.

No Secrets (DH, 2000) can be seen as a significant document in the sense that as a direct result of its release, social services departments have had to develop a formal process to respond to adult abuse. However, the focus on the vulnerability of those affected by abuse could affect how successfully the guidelines can be implemented. The intention was to protect those at greatest risk, but it may be that this classification is too restrictive to identify and respond to suspected abuse, such as in cases where the individual is not in receipt of community care services. There are also questions about the evidence basis of *No Secrets* (DH, 2000). The document stated that abuse policy should incorporate a "current state of knowledge based on the most recent research on signs/patterns of abuse and features of abusive environments" (DH, 2000, p. 20), but research findings are not incorporated into the document. The emphasis on current state of knowledge has an underlying assumption that thinking in relation to adult abuse was likely to develop and change, which is in itself evidenced in the following section where the review of *No Secrets* (DH, 2000) is discussed.

Safeguarding Adults

In 2008, a consultation paper was released, entitled '*Safeguarding Adults: A consultation on the Review of the 'No secrets' guidance'* (DH, 2008). Its aim was to initiate debate around how effectively *No Secrets* (DH, 2000) guidelines had been applied, and whether specific legislation in this area was justified. *Safeguarding Adults* (DH, 2008) showed subtle changes in perceptions of abuse since *No Secrets*. This included a shift in terminology from 'adult protection' to 'safeguarding adults' when talking about preventing and reacting to abuse. Use of the term 'safeguarding' moves away from associating abuse with powerlessness, as it suggests people working together in response to abuse. This includes those affected by abuse and different professional groups.

Safeguarding Adults (DH, 2008) also acknowledged more explicitly that abuse could affect everyone and not just those defined as vulnerable. It talks about the implications of this for abuse guidelines, but cautions that if the remit of the guidelines is too great, this could limit the ability to apply them effectively. In a development from *No Secrets* (DH, 2000), *Safeguarding Adults* (DH, 2008) acknowledges that groups at risk should be identified by "practice and research" (DH, 2008, p. 2). This highlights the importance of research to determine why abuse guidelines should focus in specific areas. For example, why might older people be at greater risk of abuse?

Safeguarding Adults (DH, 2008) asked a series of questions to address the effectiveness of the *No Secrets* (DH, 2000) guidance. One of the questions concerned the judgements that have to be made when abuse is suspected. Part of the complexity of dealing with cases of abuse surrounds how people decide the point at which action should be taken. There is potential for person-to-person variation in judging the time for action. *Safeguarding Adults* (DH, 2008) asked whether this level should be more clearly identified. Although not explicitly highlighted as a decision making challenge, this suggests there could be value in researching the decision making process in cases of abuse. This could consider how people decide that something is or is not abuse, and what the response should be.

Safeguarding Adults (DH, 2008) also acknowledged some of the challenges different agencies faced when working together, such as the extent of information they are able to share. One of the questions the document asks concerns the responsibility of banks to share information with other agencies if they have suspicions of financial abuse. This highlights the importance of a multi-agency response to identify and address different types of abuse, and understanding the sector specific challenges that need to be overcome.

In summary, *Safeguarding Adults* (DH, 2008) highlighted a number of changes in perceptions of abuse since *No Secrets* (DH, 2000) and key points of concern surrounding how consistent the response by social services is to cases of abuse, as well as the extent to which different agencies are able to work together in response to cases.

Responses from multiple agencies to the questions raised in the consultation document were released in July 2009 (Department of Health, 2009) and the Labour

Government at the time responded to the comments in January 2010 (Department of Health, 2010). A commitment was made to release updated guidance in relation to adult abuse. Subsequently the coalition government has been elected. At the time of writing this document it is unclear whether this commitment to updating the *No Secrets* (DH, 2000) guidance will remain, and there is no information available on the expected time scale for delivery.

In terms of current terminology used in relation to adult abuse and safeguarding, there have been further shifts towards referencing 'adults at risk' rather than 'vulnerable adults' (Law Commission, 2010). Justification for this change in terminology can be demonstrated in the context of elder abuse. Donovan and Regeher (2010) introduce elder abuse as a "potential consequence" of older people's reliance on family in advancing age alongside age itself as a cause of their vulnerability. This emphasises elder abuse as a product of the older person, rather than who is actually carrying out the abuse. Terminology used in this document reflects the terms prevalent at the point of writing this thesis, but acknowledges that updated policy guidance is likely to result in further changes.

Overall, consideration of the impact of policy guidance on the response to adult abuse demonstrates that there is confusion surrounding the definition of abuse, and the role of professionals in responding to cases. The need for research to address these issues has been highlighted.

2.2 Elder abuse

One question the *Safeguarding Adults* (DH, 2008) consultation asked was whether abuse guidelines should be focused on groups seen to be at increased risk. *No Secrets* (DH, 2000) suggested factors that might indicate people with increased vulnerability, one being age, in this context meaning older age. It is important to consider the age bracket this could incorporate, as there is variation in how older age is classified between research studies. In the reporting of a systematic review of national and international elder abuse prevalence studies, the age range of older people across the studies was between 40 – 74 years of age (Cooper, Selwood & Livingston, 2008). Old age could be classified on a number of criteria, such as retirement age. In the UK, 65 years is the current standard retirement age, although recent reports indicate that a default retirement age will end from 2011 (BBC, 2011).

There is also sometimes a gender difference in when males and females are classified as ‘older’. Some older people’s council services, such as in the London Borough of Merton, are open to women above 60 years, but men above 65 years (Merton Council, 2008).

In research reports there is also a move towards considering older age itself in terms of younger versus older. For instance, Acierno et al. (2010) classified ‘young-old’ as 60-69 years, and ‘old-old’ as over 70 years in their reporting of influences on elder abuse prevalence. The aim of this approach seems to be to measure whether with advancing age the risk of elder abuse is higher. The different perceptions of what constitutes older age highlight that as yet there is no common consensus. It seems that the context of the classification affects the cut-off applied, and this should be remembered when comparing elder abuse research.

Identifying the extent and impact of abuse on older people is particularly important given the current and projected age distribution within the population. In the UK, National Statistics Online (2008) reports that the number of people of retirement age is now comparable to the number under the age of 16 (this being around 1 in 5). Increasing life expectancy is also likely to mean that the percentage of the population over the age of 60 continues to increase steadily. Although awareness of elder abuse as an issue has been heightened by the implications of projected older population estimates, elder abuse is a relatively recent research area. There has been an increase in research in the field in the last 30 years (Penhale, 2010), perhaps due to the concern of practitioners such as Eastman (1984) about elder abuse.

An aspect of discussion within the elder abuse literature has been how the issue shows parallels with child abuse research (Ogg & Munn-giddings, 1993). In the early stages of awareness raising about child abuse it was viewed by practitioners as an issue of key importance motivating attention and research, with the suggestion that the same pattern can be identified in relation to elder abuse (Perel-Levin, 2008). These parallels can also be seen in how policy makers have attempted to address abuse. In London, a standardised procedure to address abuse of vulnerable adults has recently been released (Social Care Institute for Excellence, 2011). Justification for a standardised approach could be a result of the equivalent model in child protection called the London Child Protection Procedures (London Safeguarding Children Board, 2010).

A key theme within the elder abuse literature is that such abuse is about more than just vulnerability associated with advancing age, including how society views the ageing process and older people in general (Perel-Levin, 2008). This presents interesting challenges when conducting research in this area. Some researchers have discussed ageism against older people. Phelan (2008) looked at elder abuse and ageism in the context of nursing practice and suggested that ageism could result in abuse against older people not being challenged. Professionals may then decide not to take action in cases where they suspect abuse. In summary, it seems that a focus on abuse of older people is important because of the relatively early development of knowledge in this area, as well as the complex environment in which this type of abuse takes place.

What is elder abuse?

Different definitions of elder abuse have been applied across policy and research literature. The World Health Organisation uses the definition of elder abuse provided by the charity Action on Elder Abuse (WHO & International Network for the Prevention of Elder Abuse, 2002), which defines elder abuse as 'A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person' (WHO, 2002, p. 3). Elder abuse has also been defined by researchers such as Dixon et al. (2010) in reference to the general definition of abuse provided in *No Secrets* (DH, 2000).

The UK prevalence study of elder abuse (O'Keefe et al., 2007) identified three key elements within the WHO (2002) definition of abuse, including the sorts of behaviour the abuse involves, the relationship between the person being abused and the person responsible and lastly the impact of the abuse on the older person. These provide a useful way to consider aspects that elder abuse is thought to involve. In terms of types of abuse, the broad categories of abuse outlined in *No Secrets* (DH, 2000) include physical, sexual, psychological, financial, neglect and discrimination. All of these can be illustrated by behaviour examples. For example, financial abuse might include taking money from an older person, or forging their signature to gain access to bank accounts or benefits.

The focus on who is responsible for the elder abuse is interesting, due to the potential implications on how abuse is addressed. Research has considered aspects

such as family relationships, and factors that might act as a catalyst for abuse. Elder abuse is categorised by some researchers (e.g. Ogg & Munn-giddings, 1993; Phelan, 2008) as a type of "family violence", alongside child abuse and domestic violence. This classification might explain why elder abuse and child abuse are addressed in terms of their similarities. Labelling elder abuse as a type of family violence does have the effect of focusing attention onto cases of abuse committed by family members over other groups.

The effects of elder abuse on the older person might include their feelings of safety, security and confidence. This is a particularly important aspect for research, as it makes the experience of the older person central, which is practice suggested in *Safeguarding Adults* (DH, 2008).

Elder abuse research has tended to adopt different definitions of abuse that focus on specific aspects of what could be seen to constitute abuse. It has been suggested that a universal definition of elder abuse and its component types would be valuable for consistency purposes (Cooper et al., 2008; Phelan, 2008).

2.2.1 Elder abuse research

A key concern of the elder abuse literature has been to establish accurate prevalence estimates of the extent of different types of abuse. As highlighted by Action on Elder Abuse, this is important so that queries regarding the true scale of this abuse cannot be used to justify a lack of resources to address the issue (FitzGerald, 2007).

What is the estimated prevalence of elder abuse?

Cooper et al. (2008) present findings from a systematic review of prevalence studies of elder abuse conducted worldwide. This included studies published up to October 2006. In all, 49 studies were identified as meeting specified criteria assessing study quality although only 7 of these used measures of elder abuse tested for validity and reliability. Studies that measured the prevalence of elder abuse from samples of older people from the general population reported rates of abuse from 3.2% to 27.5%. The researchers suggested that this range could be a result of the multiple

ways in which abuse was defined across the studies, as well as how abuse was being measured, and the different population samples.

Cooper et al. (2008) also looked at studies measuring the abuse of older people who were dependent on others for care. One of the key conclusions from the systematic review was that older people who were reliant on others for aspects of care provision were at higher risk of experiencing abuse. Studies that addressed such cases reported an average of one in four older people having experienced psychological abuse. The literature review raises broader questions about the measurement of specific types of elder abuse such as financial abuse. Cooper et al. (2008) did not report figures specifically relating to financial elder abuse, commenting that there were no measures of this type of abuse that had been experimentally tested.

In the United States, the first national study to estimate incidence of elder abuse was the National Elder Abuse Incidence Study (National Center on Elder Abuse, 1998), which measured the number of reports to Adult Protective Services (APS) as well as cases identified by sentinels; individuals in the community such as bank workers, who had extensive contact with older people. This combined approach reported 449,924 cases of elder abuse or neglect in 1996. 30.2% of cases proved by APS were in relation to financial or material exploitation. A conclusion drawn from the research was that a large proportion of cases of elder abuse were not reported to APS. The use of the dual data collection method was thought to provide a more accurate representation of case incidence.

More recent elder abuse prevalence research has been undertaken in the United States, asking older people directly about their experience of elder abuse. The National Elder Mistreatment Study (Acierno et al., 2010) attempted to establish rates of elder abuse that were experienced by older people but not reported to APS or identified from another source such as a sentinel. Telephone interviews were conducted with a representative sample based on age and gender of people aged 60 and above (n = 5777) about their experience of different types of abuse and neglect. Acierno et al. (2010) reported overall rates of abuse or neglect of around 10% in the last year, with 5.2% having experienced financial mistreatment by a family member in the last year.

In terms of UK based prevalence research, in 1992, Ogg and Bennett used a survey-based design to measure rates of abuse. As part of a survey of 2130 adults aged 16

years and above, they asked those over the age of 60 (n = 589) if they had experienced verbal, physical or financial abuse 'recently' by a family member or friend. It was reported that 1.5% of the participants (n= 9) aged 60 years or older had experienced financial abuse. They also asked all survey respondents about whether they had ever carried out either verbal or physical abuse on someone over the age of 60 (this would presumably include older people being asked about committing abuse of other older people). The research did not indicate that participants were asked about their experience of *committing* financial abuse.

One point of evaluation of this research concerns the lack of detail surrounding how the elder abuse questions were developed, or if they were validated prior to inclusion in the survey. Aspects of the phrasing could be questioned, such as use of the word 'recently' to indicate the time span since abuse, as this could mean different things to different people. Given that participants were being asked about committing abuse, it would also have been useful to include financial elder abuse as another category of questioning in addition to verbal and physical abuse.

In an attempt to establish the prevalence of elder abuse in the UK using a larger sample than Ogg and Bennett (1992) and with more rigorously tested measures, Comic Relief and the Department of Health sponsored a representative study, which was carried out by O'Keefe et al. (2007). The study included people above the age of 66 (n = 2111) across the UK living in the community (care homes and NHS facilities were excluded). Similar to *No Secrets* (DH, 2000), the types of abuse included were psychological, physical, sexual and financial. In addition, neglect was measured as a distinct category, but related to abuse under the heading of mistreatment.

The specific definition of financial abuse used was "… the unauthorised and improper use of funds, property or any resources of an older person" (McCreadie, 1996, as cited in O'Keefe et al., 2007). The researchers also specified that the financial abuse had to have taken place within the last year in order to be included. This was presumably to gain an indication of the situation regarding the incidence of financial elder abuse in the population. In terms of the relationship between the person responsible for committing the abuse and the older person, the primary focus was on abuse committed by family members or friends, with abuse by neighbours and acquaintances as a secondary and separate question area. Abuse by strangers was excluded from measurement in this research.

The impact of abuse and neglect experienced was also measured, by asking participants additional questions about the effects (social, emotional or physical) it had had on them. Questions were tailored to the specific type of abuse reported. In relation to financial abuse, a number of questions were asked. These included whether they had told anyone about it and if so, who that was. Participants were also asked how serious the impact of the abuse was judged to have been. Results were only reported at the overall level given the small number of cases the responses were based upon. Emotional and social impacts were the most commonly reported (O'Keefe et al., 2007).

O'Keefe et al. (2007) reported that 2.6% of the sample had experienced either neglect, or some form of abuse (psychological, physical, sexual or financial) in the last year by a family member, friend or carer. When the definition of elder abuse was extended to include abuse committed by neighbours or acquaintances, 4% of the sample was reported as having experienced some form of abuse or neglect. The prevalence of financial abuse occurring within the last year was 0.7%. The only category of mistreatment with a higher prevalence than financial abuse was neglect, at 1.1%. Data was also collected on financial abuse experienced since the age of 65, with a figure of 1.2%.

There has been some concern regarding how the prevalence figures from this research have been interpreted. Action on Elder Abuse questioned the reporting of the 2.6% overall figure on the basis of it reflecting too narrow a definition of who had committed the abuse. They also argued that the reporting of two overall figures (2.6% and 4%) gave a mixed message (FitzGerald, 2007).

Despite worries regarding the definitions applied within the research and reporting, the O'Keefe et al. (2007) prevalence study has been effective in terms of influencing working practices. Findings from the study have been considered in relation to the role that could be played by health professionals such as nurses to identify elder abuse. Manthorpe et al. (2007) highlighted that nurses can assess the support needs of elder carers so that situations do not escalate to become abusive. This is in addition to the need for nurses to be aware of the possible signs of elder neglect and abuse and know what procedure to follow to report cases.

Concerns regarding the measurement of elder abuse

There are concerns as to the extent to which research can effectively capture rates of elder abuse. Crosby, Clark, Hayes, Jones and Lievesley (2008) suggest that prevalence estimates are restricted, due to older people's unwillingness to report elder abuse. This could be because people find it difficult to discuss, as well as not wanting to accuse others if abuse is within the family and be seen to be causing trouble. Research evidence from Manthorpe et al. (2007) suggests another alternative, that older people *do* report abuse, but not singularly to individuals in a professional capacity. This may mean that research has not been able to capture the way in which elder abuse is reported more so than people not reporting it at all.

In the future it may be easier to capture the reported cases of elder abuse. The implementation of the *No Secrets* (DH, 2000) guidelines on the protection of vulnerable adults from abuse required local authorities to keep a record of adult protection referrals. Mansell et al. (2009) conducted an analysis of the content of ten-years of adult protection referrals from two local authorities in the South-East of England from 1998 - 2008. They identified that the average age of an adult protection referral was for someone aged 66 years old, and that overall 59% of all adult protection referral were for older people. Financial abuse represented 14.6% of all referrals. Although no breakdown of financial abuse was provided specifically for older people in the reporting, a significant relationship was identified between older age and financial abuse.

Mansell et al. (2009) identified that local authorities are at different stages in terms of adopting an extensive referral monitoring process. This includes the content of referrals and the degree of detail included. In future years there should be a more developed picture of the exposure of social service staff to such cases as recording becomes more standardised. This would potentially be UK wide, and enable changing trends in case numbers over time to be captured.

In summary, evidence from prevalence research suggests that financial abuse is one of the most common types of elder abuse. Given the rates of elder abuse reported, and the fact that this is likely to be a low indication of the total number of cases, in the next section the range of factors that may lead professionals to identify elder abuse are considered.

2.2.2 How might professionals identify elder abuse?

Research has attempted to identify the risk factors for elder abuse, in order to inform professionals as to how cases may be identified. Age in itself has been one area of interest, but with conflicting results reported. Acierno et al. (2010) report that older people aged 60-69 years were more likely to experience financial abuse than those aged over 70 years. O'Keefe et al. (2007) conversely reported that males aged over 85 had a higher prevalence of financial abuse than those between 66 – 84 years. Elder abuse may also be a factor of increased likelihood of physical and mental problems with age increasing vulnerability to abuse. There is evidence that age increases the risk for conditions such as Alzheimer's. The Alzheimer's Society, (2011) report that prevalence of dementia increases to 1 in 5 people aged over 80 years, from 1 in 50 aged 65 – 70 years.

Gender has also been identified as a risk factor in relation to abuse. It has been suggested older woman are at greater risk of abuse, due to the compounding impact of cultural norms concerning behaviour towards women (Perel-Levin, 2008). The National Elder Abuse Incidence Study (National Center on Elder Abuse, 1998) reported that cases of financial elder abuse predominantly involved females. As with age though, some mixed results have been reported, in that older men are at greater risk than younger men (O'Keefe et al., 2007).

Research has also investigated the risk factors for specific types of elder abuse, such as financial. This has included considering the association between declining mental capacity and financial elder abuse. Suspicions of financial elder abuse can result in health professionals being asked to assess a patient's mental capacity. The involvement of specific health professionals can depend on the type of assessment required. Wiglesworth, Kemp and Mosqueda (2008) report on the role of clinical psychologists in assessing whether in a case of suspected financial elder abuse, the patient's mental capacity was a factor in the occurrence of abuse. Health professionals such as general practitioners (GP's) can be asked to witness documents such as a new will, which requires assessment of mental capacity. An additional factor in the relationship between mental capacity and financial elder abuse is that poor capacity to manage finances has in itself been identified as a possible sign of Alzheimer's disease (Widera, Steenpass, Marson & Sudore, 2011). If limited capacity to make financial decisions can result both in financial abuse and be

an indicator of specific conditions such as Alzheimer's, this has implications for abuse identification. It may be that through diagnosis of Alzheimer's, financial elder abuse emerges.

Wealth has also been considered as a risk factor for financial abuse. Kemp and Mosqueda (2005) highlight the impact of higher wealth distribution amongst the elderly, which perhaps provides increased opportunity for financial abuse. Although financial elder abuse is thought to more commonly effect older people with higher assets (Wilson, Tilse, Setterlund & Rosenman, 2009) this does miss the potential vulnerability of elderly people without extensive assets to abuse by implying a wealth threshold. This is a point that any research definition of financial abuse should clarify, as the amount of money involved may change whether a situation is classified as financial abuse.

Research also suggests that particular living circumstances can be a risk factor for abuse, with older people being at increased risk of financial abuse where they are living with sons or daughters (Wilson et al., 2009). A study of cases of suspected abuse leading to a professional being referred to the Protection of Vulnerable Adults List identified that financial abuse was significantly less likely to occur in nursing homes or residential care than where domiciliary care was being received in the older person's own home (Hussein et al., 2009).

In conclusion, consideration as to how professionals might identify elder abuse highlights that a range of factors may be seen as risk factors for financial abuse in particular. Given the limited guidance for professionals as to how to detect and respond to elder abuse and the highlighted issues surrounding measuring financial elder abuse, the following section will consider research regarding financial elder abuse in greater detail.

2.3 Financial elder abuse

Financial elder abuse is an area gaining increasing attention from policy makers and researchers. There is also rising public awareness of different types of financial abuse, perhaps resulting from targeted campaigns, such as 'Think Jessica', (thinkjessica.com) which address financial abuse in relation to scam mail. Scam mail involves letters sent to people, which results in them being conned into sending

money. If people respond, they can subsequently receive sometimes hundreds or thousands of scam letters. The Office of Fair Trading reported on research involving asking people about their experiences of scams as part of an omnibus survey of 11,214 people aged over 15 years old (Office of Fair Trading, 2006). It was reported that approximately 50% of people targeted by scam mail were older than 55 years, and that the financial losses resulting from scam letters are higher for older people. Schemes have also been promoted to report incidents of specific types of financial abuse. For instance, the National Fraud Authority (2011) encourage people who have received a scam email to forward them to the action fraud website, so that information about fraud can be investigated by the National Fraud intelligence Bureau.

As with elder abuse more broadly, projected estimates regarding the relative proportion of older people growing in the population have been a factor in generating interest in financial elder abuse (Kemp & Mosqueda, 2005). Although it does follow that with greater numbers of older people there are more opportunities for financial elder abuse to take place, it is important to consider why financial abuse is an issue affecting the elderly.

What is financial elder abuse?

As with discussion of elder abuse, there is debate concerning what constitutes financial elder abuse. Studies that provide a definition of financial abuse tend to predominantly include examples of behaviour that could be viewed as financial abuse. Setterlund, Tilse, Wilson, McCawley and Rosenman (2007) defined financial elder abuse as the mishandling of an elderly person's finance or assets that takes place in the context of a "relationship implying trust" (Setterlund et al., 2007, p. 600). The definition of financial (or material) abuse provided in *No Secrets* (DH, 2000) is 'Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits; (DH, 2000, p. 9).'

Some studies have extended the issue of financial abuse occurring in the context of particular relationships as a reason to limit the focus of the research to abuse committed by particular groups. O'Keefe et al. (2007) when researching abuse prevalence rates, explicitly excluded abuse committed by strangers, on the basis that

this type of abuse is qualitatively different from abuse by family members. Financial abuse by strangers is also excluded in the definition of elder abuse used in Australia (Elder Abuse Prevention Unit, 2008).

The scope of definition therefore has potential implications both when comparing the results of different studies, and when considering how large a problem the issue of elder abuse is. Crosby et al. (2008) identified that the ways in which people are committing financial abuse are becoming more varied (such as internet scams which offer a prize if the individual sends money), and this type of financial abuse is more likely to be committed by strangers. If financial elder abuse research is conducted purely within a family context, this makes it difficult to accurately assess the scale of such abuse and how cases are dealt with.

The debate surrounding the definition of elder abuse and financial abuse, and variation in the potential elements that research and policy definitions have incorporated demonstrates the complex issues involved in conducting research in this area. Despite people not always being sure what financial abuse is, general awareness of financial abuse is increasing, with particular attention placed on the effects on older people.

2.3.1 Financial elder abuse research

Academic literature addresses financial elder abuse under two research strands. The first is where financial abuse emerges as an issue as part of the study of elder abuse in general. The second is the specific study of financial elder abuse, this being the smaller of the two areas. As an introduction to research related to financial abuse of older people, a review of literature in this area conducted by Help the Aged is discussed.

Help the Aged: The financial abuse of older people literature review

In 2008, a report entitled '*The financial abuse of older adults: a review from the literature'* (Crosby et al., 2008) was published by Help the Aged, who have now joined with Age Concern to form the Charity AgeUK. Despite its focus on financial abuse, one of the points highlighted by the review was that financial abuse tended to

be considered in comparative terms to other forms of elder abuse, rather than in isolation. The review process involved two search strategies; the first being to look for material specifically about the financial abuse of older adults, and the second to identify material about how older people's financial affairs are managed. In total over 1,000 documents were selected, which were then rated on a 1-10 scale to determine their degree of relevance. The review reference list includes 100 reports and articles highlighted in the review itself, and in addition the bibliography provides references for 700 of the total article set reviewed. The aim of the review was to identify key issues relating to financial abuse of older people, as well as reference materials. The involvement of Help the Aged as a charity with specific objectives relating to the protection of older people may have therefore have had an impact on the issues that were chosen.

The report commented on the profile of likely victims of financial elder abuse as well as those who commit financial abuse. This emphasised family relationships, highlighting research evidence of the proportion of financial abuse that occurs within families. Action on Elder Abuse (2006) in a summary report of calls to their helpline reported that 53% of those accused of financial elder abuse were sons or daughters of the victim. The review also included a section on recognising abuse, which highlights the number of researchers who have attempted to specify indicators of abuse. Although within the scope of the Crosby et al. (2008) literature review it was not feasible to identify the methodology applied in the development of all study indicators, the review does not provide any comment on how these indicators are used in practice, or if indicators vary depending on the professionals who are using them.

Abuse within families is a complex issue, in part because of the reliance on unofficial care arrangements for older people. Figures from the 2001 census report that there are approximately 6 million people in England and Wales who support family members or others with unpaid care, with a proportion of this being to support people with older-age related health issues (National Statistics Online, 2006). Although the reported figure also includes those caring for individuals with a disability or a chronic health complaint, highlighting care for the elderly as a core group recognises the role of unpaid carers in provided support for those with health problems in old age. The fact that the carers are unpaid also means that they represent a financial value to the economy and a resource not provided by the national health services, and perhaps

beyond the scope of the existing system to replace. Carers UK (2007) report that the financial value of carers equates to £87 billion per year.

Bearing in mind the time since the last census, it will be interesting to see if figures have changed substantially in the reporting of the 2011 census. In addition, a breakdown of care provided for specific groups would be valuable to identify the proportion of those providing informal care for the elderly. Given the personal and practical value of carers, it is important that the role they play is respected as well as detecting and preventing cases of financial elder abuse. Accurate detection of financial elder abuse should also aim to safeguard carers from false accusations as well as protecting the elderly.

The review ends by making a series of recommendations, including for different agencies to work together to develop a response to financial elder abuse. The Crosby et al. (2008) review can be seen as a sign of the growing awareness of financial elder abuse as an issue, but there was a lack of attention to the limitations of the available evidence in this area. The following sections review more recent research conducted in relation to financial elder abuse, beginning with international research.

International financial elder abuse research

Much of the research looking at financial abuse rather than elder abuse more generally has been conducted abroad. In Australia, the Assets and Ageing research program has addressed the issue of financial elder abuse by examining the experiences of older people, carers and professionals as to how money and assets are managed (Wilson et al., 2009). Setterlund et al. (2007) report on one aspect of the Assets and Ageing research program, which examined the management of elder people's finances from the perspective of Routine Activities Theory. This theory sets the context of family involvement in the management of an elderly person's finance as a standard carer's task, with financial abuse being at the extreme end of likely occurrences. This research approach is therefore similar to that adopted in the Crosby et al. (2008) literature review, identifying what financial management was part of carers' responsibilities, to then consider how common practices could potentially lead to abuse.

Setterlund et al. (2007) carried out semi-structured interviews with 81 family members who were responsible for managing the financial affairs of 86 elderly people in total. The participants were asked questions about how they managed the finances of the elderly person they were helping. It was noted that participants were willing to talk freely about practices that may be perceived in a negative light as the focus was on finance management rather than looking specifically at practices of financial abuse. Setterlund et al. (2007) reported the opportunities for financial abuse that exist when managing even straightforward financial matters such as bill paying, as well as how mechanisms such as accurate report keeping are used by carers to evidence good practice. This links to one of the tenets of Routine Activities Theory thought to limit the possibility of abuse, the perceived presence of a 'capable guardian'. This led to some carers consciously keeping accurate records in case they were called to account for anything.

This research is interesting as it highlights the role of family dynamics and relationships in cases of abuse, which may mean that those responsible do not view what they are doing as abuse. The family dynamics that can surround financial elder abuse also need to be considered in relation to prevalence reporting, to understand why those affected might not be willing to report it.

The Australian Assets and Ageing research program has also investigated issues associated with the financial abuse of older people and the impact of their mental capacity. McCawley, Tilse, Wilson, Setterlund and Rosenman (2006) report that people often hold perceptions about their entitlement to an older person's money or resources, perhaps through future inheritance. In circumstances where such beliefs are held, if the older person also has declining mental capacity to make financial decisions this could result in financial abuse. This was linked to the individual having access to manage finances through formal arrangements such as Enduring power of attorney. McCawley et al. (2006) also commented that the actions of the holder of the power of attorney are not consistently monitored, which can mean cases of financial abuse are not noticed.

The overall focus of the Ageing and Assets research programme was on abuse by carers and family members in relation to money management practices. This raises questions as to whether financial abuse is accompanied by similar issues where abuse by others outside of the family unit is suspected. It would be interesting to see whether the issue of increased opportunity for abuse through easier access to assets

and limited monitoring where an individual has declining mental capacity were consistent across abuse by different perpetrators.

Research looking specifically at financial elder abuse has also been carried out by Kemp and Mosqueda (2005), using a questionnaire-based design. This research was conducted in the USA. The aim was to develop and test a framework that could be used by practitioners to identify cases of financial elder abuse. The researchers firstly reviewed literature that addressed the identification of financial elder abuse to determine key factors of abuse. This was done alongside collating observations from practitioner experience of other relevant factors, which ultimately produced a draft framework consisting of eight items. Framework items were then reviewed on 20 new cases of financial elder abuse received by the Elder Abuse Forensic Center in California, who were supporting the research as experts in the field. The eight items were all found to be present in each case (Kemp & Mosequeda, 2005). The framework items included: (1) Vulnerability to abuse as a result of health or social problems (2) Exploitation of a trusting relationship between the abuser and the older person (3) Assets being procured from the older person (4) A lack of openness in the situation (5) No assessment of the older person's mental capacity or best interests by a 'qualified expert' (6) Asset management practices not being in the older person's best interest or what they actually want (7) A lack of clarity or clear accountability, such as accurate record keeping (8) No consideration of the impact of abuse on others.

The researchers decided that all eight framework aspects should be retained for wider evaluation, but the scale that the framework items presence was reviewed on was not specified. Reporting indicates that the professionals 'rated the degree to which element was present/absent' (Kemp & Mosqueda, 2005, p. 1124). If this was on a dichotomous scale, it is questionable as to the extent to which the results can subsequently extrapolate the 'importance' of the elements as suggested.

Kemp and Mosqueda (2005) then assessed the framework using a larger sample including 159 professionals primarily from a legal background (deputy district attorneys and law enforcement), but also health and social care (nurses and social workers) who were recruited at two conference events held in California. They were asked to rate how well they thought the framework as a whole was relevant to their professional experience of financial abuse cases, with 90% assessing it as 'Almost entirely' or 'Very Much' relevant. There are various points of interest about this

research. When rating the relevance of the scale as a whole, participants were told to only think about cases where they were sure financial elder abuse was occurring, and not those where they had any doubt. This criterion is questionable for two reasons. Firstly, at the stage of making the decision as to whether financial abuse is occurring, all cases may involve a degree of doubt. An aspect of the decision making process is how professionals navigate these doubts. Secondly, if the framework were to have practical application it would need to be applicable to all potential cases of financial abuse, regardless of the professionals' strength of belief.

Given that group assessment of the framework was only at the overall level, the framework provides an explanation of financial abuse, but not a test of how its use in practice would support decision making. This may therefore be a potential direction for future research, whereby similar to the initial phase where the 8 items were reviewed against 20 cases, the final framework is used in practice by a larger sample. Considering the application of the framework to different professional groups may also support the testing of a framework for wider audiences such as other health and social professionals and those working in the finance services sector.

UK financial elder abuse research

Adopting a similar research perspective to Setterlund et al. (2007) and focusing on financial management practices rather than instances of abuse, Arksey, Corden, Glendinning and Hirst (2008) carried out a scoping study looking at the management of older people's finances. The aim of the study was to consider the role of family members and friends in managing older people's financial affairs to collate different areas of research evidence. Part of the study involved reviewing research on elder financial management. Worldwide research was included involving financial elder abuse cases as well as financial management by paid carers and financial management by family and friends.

The study also looked at information and guidance relating to the management of elder people's finances. The key conclusions drawn were that formal requirements were complex, and that in some instances advice could be contradictory. Most importantly, there was limited information relevant to the experiences and responsibilities of family and friends carrying out elder financial care.

Arksey et al. (2008) also conducted interviews with 12 professionals in England who had experience advising on financial management for older people. The professionals were asked questions about the sorts of financial support carers were giving, and common problems that emerged. One point reported was that families had different ideas about what sorts of behaviour was acceptable in terms of dealing with money. Interestingly, when talking about this perceived "grey area", the researchers refer to examples of misuse of assets before going onto discuss reports of intentional financial abuse. There is therefore an issue of a threshold at which something is classified as abuse, whether it was intentionally abusive or not. It was also identified that situations that could be perceived as potentially abusive sometimes emerged only when family members were critical of financial decisions made by other family members. This therefore identifies a problem professionals may face when trying to identify cases of financial abuse, as it can be difficult to be aware of what goes on within families.

This research is relatively unique in the sense that it focuses in part on the experiences of finance professionals in dealing with elder financial management, and this has been identified as an area in need of research (Manthorpe, Penhale, Pinkney, Perkins & Kingston, 2004). In terms of the value of focusing on management rather than instances of abuse, such research is valuable from a prevention standpoint to identify and communicate what constitutes good practice. In terms of identifying and intervening in financial elder abuse cases it would be useful to further investigate the role of finance workers from this perspective. There may also be value in comparing the contribution of different professionals in terms of prevention and intervention.

In summary, research evidence identifies minimal research focusing specifically on financial elder abuse outside of the study of elder abuse more broadly. Where research is specific to financial elder abuse, the emphasis has been predominantly on the carer and older persons' perspectives. Research into carer financial management (Setterlund et al., 2007; Arksey et al., 2008) is valuable because it is part of the carer role and financial abuse is not a necessary outcome of care. Although the researchers have extracted from the findings how financial management could lead to financial abuse, safeguarding finances managed by a carer is only one aspect of abuse prevention. There seems to be a lack of research into how professionals should identify and respond to abuse, and such research could be used to inform guideline development in this area. *Safeguarding Adults*

(DH, 2008) identified a need for research so that action guidelines are based on the best possible evidence. The Kemp and Mosqueda (2005) research to develop a framework of financial abuse involved professionals, but there are questions surrounding the validation of the framework measure, and it is unknown if it would be applicable within a UK setting.

2.3.2 Identifying and responding to financial elder abuse

The implementation of *No Secrets* (DH, 2000) means that a wide range of professionals could be involved in addressing financial elder abuse given the emphasis on a multi-agency response. Addressing abuse could include prevention in terms of identifying factors that might place an older person at increased risk of abuse, as well as taking action where abuse has been identified. Given the central role of social care services in the response to cases of abuse, consideration of how social care professionals address abuse is of key concern.

Other professionals that could play a role in detecting financial abuse are health professionals. The role of health professionals in tackling elder abuse is generally discussed in terms of detecting the full range of abuse of the elderly. Financial elder abuse is particularly difficult to identify though (Levine, 2003), and so would perhaps benefit from specific guidelines as to how it should be identified and addressed. Tung, Schipper and Takahashi (2007) suggest that health professionals may be able to detect abuse given the access that they have to older people when conducting routine check-ups and dealing with underlying health conditions. GP's may also be seen to hold a position of trust whereby sensitive information could be disclosed to them under the confines of doctor/patient confidentiality that raises suspicions of financial abuse. As yet the extent of GP reporting of suspected abuse is minimal (Almogue, Weiss, Marcus, & Beloosesky, 2010). This questions GPs level of expertise at identifying elder abuse despite the potential benefits of their access to older people.

Research has suggested that to improve abuse identification by GP's, they should ask elderly patients a series of questions about abuse as a standard part of the patient consultation, therefore explicitly making the subject of abuse accessible (Levine, 2003). Researchers (Wilson et al., 2009) have also discussed whether social care professionals should ask older people directly about abuse. Although this

approach may increase attention to elder abuse, it would not have an impact on the professional's ability to identify cases where older people are not forthcoming with information. In addition, even if direct questions improved rates of identification this would not necessarily ensure appropriate action is taken in such cases.

The potential role of a range of health professionals has been considered, including dentists. Dougall and Fiske (2008) in a discussion of how dental staff can best support older adults affected by stroke, Parkinson's disease or dementia reported that such conditions can mean individuals are more vulnerable to abuse. It was suggested that dental staff should be aware of the potential signs of abuse and know what action to take.

Given the monetary aspects of financial abuse, another group to consider is banking professionals. Crosby et al. (2008) recommended that further research is needed looking specifically at the role of finance services in reducing the risk of financial elder abuse. Identification of suspected financial abuse by banking professionals may enable action to be taken before money or assets are lost (Wilson et al., 2009). Literature relating to the banking industry and financial elder abuse is limited, and is primarily based internationally. In Australia, Lowndes, Darzins, Wainer, Owada and Mihaljic (2009) conducted a literature review as part of the Protecting Elder's Assets Study, which covered issues related to the definition of financial elder abuse, what constitutes such abuse and what can be done about it. This included discussion of the involvement of the banking and financial services sector in addressing financial elder abuse.

In the some states of the US such as California, banking staff are legally obliged to report suspected financial elder abuse (Office of Governor, 2009). US literature is predominantly focused on training that exists for banking staff about financial elder abuse, rather than how they decide what to do in such cases. Kaye and Darling (2000) reported that in the state of Oregon, every bank was sent a training pack about financial elder abuse. This included a video of potential financial abuse scenarios, information about the sorts of circumstances that should lead to referral to other agencies, and information cards for cashiers to have at the cash desk. It is difficult to assess the validity of the training materials given that the article contained minimal information about how the materials were created, aside from saying that they were developed by the Oregon Attorney General's task force on elder abuse.

The role of legislation in the response to elder abuse

It is important to identify recourse available in response to financial elder abuse, as this has the potential to impact on actions taken in such cases. *No Secrets (*DH, 2000) provides recommendations to local authorities as to how they should deal with elder abuse, but as a guidance document (under Section 7 of the Local Authority Social Services Act 1970), these do not have to be adopted if significant argument can be given as to why they should not be. This therefore leads to inconsistency in the response to cases of elder abuse. Action on Elder Abuse (2010) has suggested that the status of *No Secrets* (DH, 2000) as guidance only, minimises the perceived seriousness of such abuse. An objective of the *Safeguarding Adults* (DH, 2008*)* consultation was therefore to consider the need for legislation. Potential developments in this area are unknown at present given the recent change in UK Government leadership.

In the UK, current legislation that could be used in relation to elder abuse focuses on those who are part of the formalised care system. The Care Standards Act 2000 (see Legislation.gov.uk, 2000) incorporated a number of measures to address and monitor standards in local authority care, and the Safeguarding Vulnerable Groups Act 2006 (see Legislation.gov.uk, 2006) attempts to reduce the risk of abuse by restricting people who are able to work with adults defined as vulnerable, such as older people in receipt of care services. These acts are not specific to older people or the circumstances of elder abuse. In terms of responding to financial abuse, there is the potential for cases to be considered under the criminal justice system, but this would be dependent on available evidence.

The Mental Capacity Act 2005 should also be highlighted in the context of action in cases of abuse and the role of professionals as decision makers in such cases. Under Section 44 of the Mental Capacity Act 2005, “ill-treatment or wilful neglect” of someone without capacity is grounds for criminal prosecution (Department for Constitutional Affairs, 2007). This could include where elder abuse was suspected, but would not be applicable in instances of abuse where capacity was not in doubt. The Mental Capacity Act 2005 could also be seen to be relevant to decision making in relation to suspected financial elder abuse. Professionals have to decide the action to take which would be in the best interests of the older person. In addition, the Mental Capacity Act 2005 specifies that people cannot be presumed to be without

capacity based on making a seemingly unwise decision. This may be an issue in relation to financial elder abuse as people have different ideas of what constitutes wise financial decisions.

In Scotland there is definitive legislation in response to elder abuse under the Adult Support and Protection (Scotland) Act 2007 (see Legislation.gov.uk, 2007). This Act requires Councils to look in to any cases of suspected abuse, including abuse occurring in a person's own home or in a care home. As a result of the Act, different agencies are required to work together to respond to abuse under the development of multi-disciplinary Adult Protection Committees. Given that the Act was applied from 2008, it will be interesting to assess the impact of this Act on working practices and perceptions of abuse in future years. Given the current review of *No Secrets* (DH, 2000) and the drive for legislation in response to elder abuse, the legal response to cases of abuse may be very different within a relatively short time period. This is therefore an area that should be monitored due to the potential impact on working practices.

Part two of the literature review presents different theoretical approaches that could be applied to researching decision making in cases of suspected financial elder abuse.

Part II - Judgement and decision making approaches

2.4 Introduction to the judgement and decision making literature

Review of the judgement and decision making literature identified a number of theoretical and methodological approaches for research in the field as well as some central debates[3]. Before outlining these it is useful to introduce the different definitions of judgement and decision making, and the motivations for research in this area. These provide context to the literature organisation and different researcher standpoints.

Judgement and decision making have to some extent been looked at as distinct research areas despite the association between the processes both in terms of lay understanding and research driven definitions. Goldstein and Hogarth (1997) describe judgement to be how people balance information and the extent to which the direction taken corresponds to the information available, whereas decision making focuses more on the outcome in terms of a person's actions or choices, and how these could be improved. Holzworth (2001) discusses judgement and decision making in terms of broader research objectives, such as decision analysis research which can focus on whether people make rational decisions, versus judgement analysis of which one focus has been to look at the accuracy of people's judgements. The rationality and accuracy of judgement and decision making are two topics that will be looked at in greater detail when considering key debates in the field.

The process of reasoning is also associated with judgement and decision making due to its conceptual overlap. A deductive reasoning problem is one where an individual is given a number of conditions of an argument and then has to decide based on that information whether a particular conclusion follows. Evans, Over and Manktelow (1993) argue that it can be difficult to separate the processes of

[3] A search was initially conducted using Brunel University library catalogue using general search terms relating to judgement and decision making. Subsequent review of textbook materials was used to guide a more targeted search strategy using the abstract databases Scopus (Key search terms including 'Social judgement theory', 1955 - 2008; 'Utility Theory', 1953 – 2008; and 'Bounded rationality', 1955 - 2008) and Web of Knowledge (Key search terms including 'Decision making & elderly', 1985 – 2005; and 'Decision making & abuse', 1985 - 2007). This was in addition to searching via author facility to include other literature by key researchers (Examples included Hammond, K., Wigton, R., and Tversky, A.). The reference lists of selected materials were also examined to identify other articles of interest.

reasoning and decision making in everyday life given that a decision between two options may involve making inferences about the likely impact of either choice, whereas in reasoning people have to make the decision in relation to what information to reason about.

Despite offering alternative focuses on outcome (decision making) versus technique (judgement), the strands complement one another in terms of topic coverage, and therefore research evidence from both perspectives is able to add value to the understanding of judgement and decision making (Johnson-Laird & Shafir, 1994). The definition distinctions could in themselves be argued as a prominent debate in the field, but extensive focus on terminology detracts from the applied value of judgement and decision making research to understand behaviour and potentially solve problems. As such, this review will outline background literature without tailoring on the basis of definitional preference for reasoning, judgement or decision making.

Research into how people make judgements or decisions can help us to better understand behaviour in different situations. As well as the development of general theories to explain decision making, there is also an interest in improving understanding of specific types of decisions such as those seen to be of some social significance (Hastie, 2001). For example, research has been conducted by Trujillo and Ross (2008) to look at how police judge the level of risk of a repeat occurrence in cases of domestic violence. Assessment of 501 case reports from 87 police stations in Victoria, Australia, identified that there was a significant relationship between the risk assessment (the perceived likelihood of repeated violence ranging from rare, to almost certain) and the action police then took in cases of domestic violence, meaning it is important to understand judgements surrounding risk assessment. Considering judgement and decision making in the context of community issues such as domestic violence draws parallels with the proposed study of financial abuse of the elderly. Care of older people involves a number of social elements such as family relationships and intervention by care providers where abuse is suspected.

Judgement and decision making research has also been used to investigate clinical decisions. Medical decision making is an area that has been a focus for researchers, perhaps because people attach importance to health related decisions due to the potential impact on general wellbeing or even longevity. Wigton (1996) outlines the

different types of decisions medical practitioners commonly have to make, such as patient diagnosis, treatment options or establishing a likely prognosis. Health professionals could be involved in judging likely financial elder abuse in their interactions with older patients, therefore observations drawn from broader judgements in clinical scenarios may provide useful information.

Prior to presenting theories and approaches to judgement and decision making research, three longstanding debates are discussed to consider how they might apply in the context of financial elder abuse decision making. These include firstly the degree of rationality in people's decision making, secondly whether accuracy of judgements and decisions can be improved, and thirdly the impact of risk on how people make decisions.

Rationality and decision making

Evans et al. (1993) distinguish between rationality as defined by rules of logic (e.g. deductive reasoning principles) and something being rational if it enables you to achieve what you want to achieve. Evans et al. (1993) make the point that where people are shown to be irrational in cases where the principles of particular decision making theories are violated, this is because these two different ideas of rationality are incorrectly taken as connected (i.e. that rational process reasoning (fulfilling logical principles) is needed to achieve rational desires). Therefore, it seems that the question is not so much as to whether decision making is rational, but how rationality is defined.

In cases of suspected financial elder abuse, the rationality debate highlights the conflict professionals have to address in terms of how they know the rules state they should act, versus what they think is logical. To study decision making in the context of financial elder abuse it is therefore important to consider how professionals address this as part of the decision making process.

Improving decision accuracy

The second prominent debate is how to improve decision accuracy, one example being research in the field of medical decision making to improve accuracy of diagnosis. The debate over decision making accuracy is driven by the desire to

improve the likely outcome of decision making to help people make 'better' decisions. It is not always clear-cut how to define a good decision. Keren and Bruine de Bruin (2003) discussed how the quality of a decision can be assessed by looking at the process by which the decision was reached, as well as the actual outcome. They highlight that a good process does not necessarily lead to a favourable outcome, such as if surgery is a technical success but the patient dies. This therefore influences our evaluation of decision accuracy. Decision making accuracy will need to be considered when thinking about the types of decisions to be made when dealing with a case of suspected financial elder abuse. These could include an individual having to initially decide if they think someone is being financially abused even before considering if they would intervene, and how. If incorrect, these decisions could have serious implications for an older person as well as for the person accused of abuse.

Risk and decision making

Risk and decision making is the third key debate identified from the literature. Research has followed various strands such as understanding how people make judgements concerning the risk of different situations (Slovic, 1987). This is in addition to problem solving research to minimise or manage the risks involved in a judgement or decision (Hastie, 2001). Interest in risk perception and decision making is also a stimulus for research on expert decision making, due to the differences between how experts in a particular field make judgements in comparison to non-experts. The judgement of risk by non-experts is given the label of risk perception rather than risk assessment (Slovic, 1987). The emphasis on perception could mean that for a non-expert other factors come into play such as how controllable a risk is seen to be. Assessing circumstances of financial elder abuse also involves consideration of risk. This may include the risk of repeated financial abuse, or if other types of abuse are co-occurring, risk to immediate safety.

The following sections will outline different judgement and decision making theories and approaches. Those covered in this review have been selected to demonstrate the key debates in the field, as well as their potential application to the study of financial abuse.

2.5 Theories and approaches

Theories of judgement and decision making can be considered in terms of normative value (enabling commentary on how decisions *should* be made), descriptive value (identifying how decisions *are* made in practice) and prescriptive value (ability to *improve* how decisions are made) (Bell, Raiffa & Tversky, 1988). The application of specific theories to decision making by professionals in instances of suspected financial elder abuse therefore needs to acknowledge the normative, descriptive or prescriptive roles. The first theory considered is utility theory, which suggests that people make decisions using mental calculations.

Utility theory

The historical development of utility theory shows that decision making is a topic of long held research interest, as well as indicating one of the diverse fields from which decision making theories have emerged. Utility theory was initially developed by economists to understand gambling behaviour. Literature reviews of the development of utility theory highlight the work of Daniel Bernoulli in as early as 1738 in relation to the St Petersburg Paradox (Schoemaker, 1982). This is a test of how much money people would be willing to bet on a series of coin tosses to land on 'heads' when offered a cumulative prize depending how many consecutive throws of the coin could obtain this outcome. The observation was made that people's behaviour (the amount they were willing to bet) was guided by a personal perception (utility) that did not reflect the potential value of the prize obtainable, as bets were generally cautious (Starmer, 2000). Expected utility theory suggests that when judgements are made about events where the outcome is uncertain, utility is multiplied by the probability of each outcome (Baron, 2008).

The application of expected utility theory for understanding decision making comes from the assumption that individuals will always act to maximise expected utility (Edwards, 1954). This means that if we can identify the value of different outcomes for an individual and the associated probabilities, we can anticipate likely decisions. One concern about this initial conceptualisation of utility was how it could be measured (Goldstein & Hogarth, 1997). Von Neumann and Morgenstern (1953)

attempted to address the issue of measurement by specifying a series of axioms. If these conditions were met, the suggestion was that the expected utility of different choices for an individual could be obtained. The first necessary assumption for this was that people could specify that they preferred one option to another or that they had no preference either way (the axiom of completeness). In addition, the axiom of transitivity applies in that if Option A is favourable to Option B, and Option B is favourable to Option C, then it can be taken that Option A is also favourable to Option C. Decisions which break the notion of transitivity are often referred to in the debate regarding whether decision making is a rational process (Edwards, 1954).

Consideration of the general components of utility theory including utility value and probability (either known or unknown) raises questions as to the normative value of utility theory applied in certain circumstances. With regard to probability, some situations may involve assessing unknown quantities. Using financial elder abuse as an example, this could be the likelihood of financial abuse itself having actually occurred. Associated known probabilities may also have an effect as statistics are often used to demonstrate impact and for target setting. For example, knowledge of quality of life in the home compared with the implications of residential care such as less independence, may impact upon how professionals decide to deal with a case of elder abuse. This could potentially lead to the disparity of a judgement of a high likelihood of abuse but no intervention because it was considered that it would be better for the individual to remain in their own home rather than residential or nursing care. An additional consideration is that because the decision is being made on behalf of someone else, this may in itself impact on how the value of different options is assessed. There is therefore the potential for conflict between how the professional values a particular option and how they believe the individual in question would value it.

Researchers have attempted to address the issue of unknown probability assessment. Savage (1972) introduced subjective expected utility theory (SEU). This suggests that where the probability of different options are unknown, an individual's own estimates of how likely the different outcomes are seen to be can be used to evaluate perceived value. A research demonstration of measuring SEU to capture decision making can be seen by referring to Bekker, Hewison and Thornton (2004). The researchers were interested in how women made the decision as to whether or not to have a prenatal test for Down's syndrome. In the experimental condition in addition to regular consultation, other activities took place. Firstly, a decision tree

was used to illustrate the options available (See Bekker et al., 2004, p. 272, Appendix 1). The value of the different options for the individuals and the risk they associated with each was then measured using a short questionnaire. To capture the 'global utility' of the decision, patients were asked to weigh up at what point, for them, the risk of Down's syndrome would mean they chose to have a termination.

The evaluation of global utility in the Bekker et al. (2004) study raises questions as to the prescriptive value of utility theory to support different types of decisions. Instances such as the decision of whether or not to have a particular clinical test have a 'yes' or 'no' option. Where a problem has multiple decision options or involves making a series of related decisions, a 'global' one comparison utility assessment would not be possible. The notion of SEU in itself is also interesting in terms of whether there is a difference between subjective probability assessment and known probabilities. I.e. even when probabilities are known, does the individual interpret probability in the same way? This leads to the question of why people do not follow the tenets of utility theory.

Revisions have been proposed to expected utility theory to describe why people do not always follow the principle of maximising expected utility when making decisions involving a degree of risk. To address this point Kahneman and Tversky (1979) developed prospect theory, which has two key aspects, namely the value function and weighting function. The value function evaluates prospects providing a measure of the perceived value of an option, and the weighting function provides an alternative to expected utility theories' multiplication of utility by probability. The value function specifies that prospect value is determined by whether it is seen as positive or negative compared to the individual's initial reference point. Value takes into account both the starting reference point as well as the strength of the change. For example, in monetary terms, an increase in prize from £10 - £20 seems more valuable than a change in prize from £1110 to £1120 (Kahneman & Tversky, 1979). Despite the fact that the absolute gain is the same, in the first instance £10 doubles the prize fund, whereas in the second the gain is smaller relative to the initial reference point. A negative value assessment may therefore mean that an option is declined despite the fact that it improves the current position. Kahneman and Tversky (1979) also demonstrated that people have a more extreme response to losses than gains.

Rather than multiplying prospect value by probability as with expected utility theory, the suggestion is that prospects are multiplied by decision weight (Kahneman & Tversky, 1979). This is a measure of how attractive an option is for an individual if it occurs. Prospect theory can therefore be applied in situations where the probability of different outcomes is unknown. Decision weights may also be thought of as distorted probabilities (Baron, 2008), which is a useful comparison when the factors that can impact decision weights are considered. One example Kahneman and Tversky (1979) gave was the certainty effect, whereby people give a greater weight to outcomes specified as certain as opposed to probable.

Prospect theory and the value function are also associated with the framing effect. Framing can mean that people respond to two problems that are inherently the same in different ways. Tversky and Kahneman (1981) demonstrated the impact of how a problem is framed on people's preferences. Decision framing is not only the result of individual interpretation of decision information but also a reflection of how the decision problem itself is laid out. Tversky and Kahneman (1981) outline three key elements of a decision including consideration of the available options, their likely consequences, and associated contingencies. The impact of framing on preference is used as evidence in the debate concerning decision making rationality in that it violates the expectation that a rational choice should be consistent and coherent (Tversky & Kahneman, 1981). Problem framing research has also identified that people are more risk averse if a decision is framed in terms of gains, and conversely more willing to take risks if a problem is presented in terms of likely losses. Problem framing is interesting from a methodological perspective as to how a decision can be presented to participants to consider without the presentation format impacting on their decision.

Evaluation of utility theory identifies certain strengths and weaknesses that should be considered when thinking about its application to specific decisions. One of the strengths of utility theory is that it can be both easy to use and demonstrate to others in order to support the decision making process. When making medical and monetary decisions, outcome probabilities can be clearly conveyed such as the risk of an operation. In other situations, there may be multiple levels of decisions a professional has to make though (e.g. with financial abuse; do I suspect abuse, do I act, how do I act?) and each lacks a definitive way to assess both probability and utility.

Overall, the research applications of utility theory highlight the value of a theory that can be easily conveyed to people. For example, Bekker et al. (2004) present a clear visual representation of decision options in relation to Down's syndrome testing using a decision tree. Applied research value is particularly important in the case of decision problems with a social angle like elder abuse, as the research should ultimately support practical recommendations for professionals when making decisions. This is therefore a point to consider when determining an appropriate theoretical basis to study decision making in cases of financial abuse. It does seem that the success and application of utility theory depends on whether the elements of utility/value and probability/weighting can be identified, such as in a structured scenario involving a gambling problem. As such, utility theory does not seem to offer the most appropriate theoretical approach to describe decision making in cases of financial abuse given the number of potential unknowns in the decision making process.

The next section will consider an approach known as actuarial judgements. These present a distinctly different picture of decision making than utility theory, as no estimation or interpretation is required to establish a judgement.

Actuarial judgements

In 1954, Paul Meehl released a book comparing the accuracy of actuarial (statistical) or mechanical estimates versus clinical judgements. Mechanical predictions describe a series of techniques used to combine pieces of information in a formalised manner such as multiple regression, to make a judgement without requiring a subjective (clinical) evaluation (Grove & Meehl, 1996). Actuarial predictions are a form of automatic mechanical prediction, but where the prediction is always statistically optimal. Researchers have debated the relative benefits of both the actuarial and clinical judgement position. Meehl's standpoint was not taken from the pro-actuarial assumption that actuarial methods are *always* more accurate than clinical predictions, but he highlighted research evidence that actuarial predictions are at least as accurate as clinical predictions. This holds implications for decision making strategies in situations where clinical judgements are commonly applied. Meehl clarified his position in the preface to his 1996 book reprint as follows, with the message being that methodology and practice guidelines should be more flexible.

> *"There is no convincing reason to assume that explicitly formalized mathematical rules and the clinician's creativity are equally suited for any given kind of task, or that their comparative effectiveness is the same for different tasks. Current clinical practice should be much more critically examined with this in mind than it has been." (Meehl, 1954/1996. p. iv)*

The point made is that actuarial and clinical judgement comparison should not represent a debate as such, but should instead encourage consideration of both perspectives. Meehl highlights research by Grove, Zald, Lebow, Snitz and Nelson (2000) comparing the accuracy of mechanical predictions versus clinical judgements as further evidence in support of early findings. Grove et al. (2000) conducted a meta-analysis including 136 studies from the psychology and medical fields, which echoed Meehl's early conclusions that mechanical judgements are at least as effective as clinical judgements, and more so in many instances. Subsequent researchers have identified that Meehl was keen to ensure an unbiased comparison of actuarial versus clinical judgements by outlining guidelines for study comparison so as not to artificially favour actuarial judgements (Dawes, Faust & Meehl, 2002).

Dawes et al. (2002) discuss why actuarial judgements have been found to compare favourably to clinical judgements. One of the first points to consider is reliability. If an actuarial judgement is made based on the same set of information presented more than once, it will remain the same. With clinical judgements, extraneous factors such as stress, or time pressure can mean that the judgement is altered despite the case information remaining the same, with a subsequent effect on accuracy. A development of this point would be where decisions are made in groups. If even with one decision maker repeat presentation can end in an alternative outcome, judgements are also likely to differ person to person meaning it is difficult to reach a consensus. A second issue relates to how variables influencing judgements are dealt with. Using the actuarial approach, only proven predictive variables are evaluated. For clinicians, a lack of feedback as to the nature of the relationships between variables and outcome can mean that it is difficult to exclude variables based on lack of predictive power (Dawes et al., 2002).

The actuarial/clinical debate raises questions as to why clinical judgements dominate if evidence suggests actuarial judgements are as accurate. In a discussion of actuarial research evidence, Grove and Meehl (1996) thoroughly address the key criticisms levelled at the actuarial approach. The sheer number of criticisms perhaps

explains why the balance in favour of clinical judgements has not been addressed. One point Grove and Meehl (1996) discuss is the suggestion that clinical judgements are more respectful of patient's needs and vulnerable position. This particular criticism demonstrates that although actuarial research conclusions have implications for clinical practice methods, it is important to consider the specific context of the decision situation, such as ensuring patient confidence.

Meehl (1954) suggested that if actuarial methods are at least as effective as clinical judgements, this advocates greater use of non-clinicians trained to make statistical predictions. Bearing in mind the attachment people have to the human aspect of decision making, use of actuarial judgements in certain medical decision making situations would require extensive education to allay people's fears.

Overall evaluation of actuarial judgements highlights the value of such an approach in terms of both accuracy, and the ability to incorporate multiple judgement cues. The use of statistics to support practitioner financial abuse decision making could also be important in order to promote decision making based on an evidenced and rigorous process.

The next section moves away from the focus on using decision making research to predict likely behaviour and to think instead about the mental processes that support how we make judgements and decisions.

Dual process models

This section will focus on cognitive process theories relevant to judgement and decision making, looking in particular at dual process models. This is useful background for the upcoming sections addressing heuristics and social judgement theory as these demonstrate the different characteristics exhibited by the dual process idea.

Dual-process models identify two cognitive systems with striking differences between their operations, and are a popular conceptualisation used to explain cognitive processes. Evans (2008) provided two tables, one outlining examples of dual process theories, and the second (of which an amended version is included below), listing different characteristics that distinguish between the dual processes. Table 2.1

below focuses on the characteristics Evans (2008) identified as representing consciousness aspects of the dual idea. This focus has been chosen because of the reoccurrence of consciousness and awareness as a theme across the decision making literature.

Table 2.1: Characteristics of the dual process model

Amended from Evans, 2008, Table 2, p. 257

System 1	**System 2**
Cluster 1 (Consciousness)	
Unconscious (preconscious)	Conscious
Implicit	Explicit
Automatic	Controlled
Low effort	High effort
Rapid	Slow
High capacity	Low capacity
Default process	Inhibitory
Holistic, perceptual	Analytic, reflective

Researchers such as Stanovich and West (2002) used the labels System 1 and System 2 to represent the dual processes. In terms of making judgements, the suggestion is that System 1 produces an intuitively based judgement. This is then reviewed by System 2 and can then be amended as necessary. The operations of the two systems do not always result in agreement. Sloman (2002) gives the example of how people respond to classic reasoning problems to demonstrate the difference between what we intuitively think (System 1) and what we know to be true (System 2). Kahneman and Frederick (2002) stress that judgement bias and error should be thought of in terms of the role played by both System 1 and System 2, rather than focusing on errors associated with System 1 only. This means the error could be a failure of System 2 to make a correction rather than a bias of System 1, or the error could be with both systems.

Dual process models have been used to provide insights into different situations. Gerrard, Gibbons, Houlihan, Stock and Pomery (2008) considered a number of dual process models and decision making theories in the context of adolescent behaviour, in an attempt to better understand 'risky' decisions such as drinking alcohol. The conclusion reached was that theories addressing only one side of the dual process idea were not as successfully applied in the context of risky behaviours. Gerrard et

al. (2008) suggest that purely theoretical models such as the Theory of Planned Behaviour (Ajzen & Madden, 1986) are able to explain health protective behaviours such as fruit and vegetable intake, but are less effective at explaining unpredictable behaviour such as adolescent smoking or alcohol consumption because of the focus on the conscious element of decision making.

The principle of dual process decision making has also been applied to interventions, to target both the analytic and intuitive elements of how people make decisions. Gerrard et al. (2006) reported on the Strong African American Families programme, which adopted a dual process model (the prototype/willingness model). This was a preventative campaign to tackle perceptions about drinking behaviour in 281 African American young adolescents (aged 10 – 12 year olds). In the intervention condition, children and parents attended a series of separate, and combined workshops. In the children's workshops, to address the planned analytical aspect of decision making the content included things that would affect children's intentions to drink in the future. For example, the programme identified that younger adolescents commonly have negative ideas about drinking, and so tried to reinforce these. The aim was to modify children's prototype images of drinkers in terms of how they view other children who drink. To target the more unplanned aspect of early drinking, children were taught how to identify situations where there could be a risk of drinking occurring, and what they could do in such cases, i.e. willingness to engage in risky behaviour. Alongside this, sessions addressed how parents could demonstrate their views about alcohol consumption to the children to lay out expectations. The results reported a significantly smaller increase in drinking at two years follow-up when comparing the intervention to the control group.

Overall it seems that dual process models provide a useful way to think about what actually happens when someone makes a decision, as well as providing a means by which to compare decision making theories using a common language. In terms of decision making in cases of financial abuse, thinking about the decision making process itself may be a useful way to identify the processes leading to abuse detection, and subsequently the best course of action. It also raises questions as to how professionals' intuitive assessment of the situation could affect the resulting judgement, despite the fact that a formalised procedure may then be followed. Consideration of the professional decision making process in cases of financial abuse could therefore examine if decision making is actually the culmination of a series of interrelated decisions.

The next section will consider the use of heuristics and biases to reach judgements.

Heuristics and Biases

In situations involving a degree of uncertainty, people can apply intuitive strategies known as heuristics to make judgements. Heuristics are cognitive shortcuts that break down problems into something more straightforward, to make the judgement process easier (Tversky & Kahneman, 1974). Heuristics are applied under circumstances when judgements need to be made quickly and/or when the likelihood of different outcomes is unknown (Gigerenzer, 2008). Herbert Simon's (1956) notion of bounded rationality is an important concept to consider in the context of heuristics and biases as it suggests an implied value of heuristics, but also has parallels with ideas associated with Brunswik and subsequently social judgement theory, which is considered in the next section. Bounded rationality suggests that rather than aiming for the optimal solution, the reality is more of "satisficing", to achieve a solution seen to be good enough bearing in mind the information and cognitive resources people have available. The rationality of decision making is therefore dependent on environmental constraints of information, and aspects of the individual such as their cognitive resources. Simon (1955) focuses on a similar observation of Brunswik's lens model, by highlighting the importance of interaction between the organism and the environment.

> *"…what we call "the environment" may lie, in part, within the skin of the biological organism."* (Simon, 1955, p. 101)

The notion of bounded rationality holds strong resonance in relation to circumstances of financial abuse as it considers the practical context in which decisions have to be made. Professionals are likely to have a limited amount of time with each older person in which to decide if they are being financially abused and what action to take. Using health professionals as an example, a GP conducting a consultation may have a restricted time slot with each patient. Computational resources to determine if an individual is being financially abused are also likely to be minimal given that this will not be the primary focus of the contact with the older person.

Tversky & Kahneman (1974) outline the three more commonly referenced heuristics and the potential biases that can result from their application when making judgements, these being representativeness, availability and adjustment and anchoring. The first two only (representativeness and availability) will be discussed in this review, with comment on their application to judgement and decision making in cases of suspected financial elder abuse.

An example Tversky and Kahneman (1974) used to demonstrate the representative heuristic starts with a stereotypical description of a librarian. In a situation where an individual is judging what someone's job is the representative heuristic guides judgement based on the degree of similarity between the description of the individual, and pre-conceived ideas of different job roles. This may lead to the judgement being made that the individual is a librarian, even if the description is known to be inaccurate, which Tversky and Kahneman (1974) called the illusion of validity. The principle of representativeness could be used to describe how a professional makes the judgement that an older person is being financially abused given that one of the tools professionals use to support the decision making process is a list of potential indicators of elder abuse. This may lead to a judgement of suspected abuse based on the degree of similarity between the potential indicators and the situation encountered. Ultimately, the success of this as an approach to identification depends on the extent to which the indicators can distinguish between what is actually abuse, as opposed to factors that may be present as part of the general ageing process. This point echoes that drawn by Johnson-Laird and Shafir (1994) when evaluating the impact of typical versus distinct cues on improving decision making accuracy.

The second heuristic explained by Tversky and Kahneman (1974) was availability, whereby people determine the likelihood of an occurrence by how easily they can recall examples of it. This judgement approach can also lead to particular biases, one being the impact of instance "retrievability", the suggestion being that if you are asked to make a judgement about how frequently something happens, and you have experienced it recently, you may judge the likelihood of it happening again to be higher. Our understanding of financial abuse relies in part on professional case experience, and with more frequent case examples to draw upon this may impact upon how professionals assess the scale of the issue and therefore interpretations of overall prevalence (Crosby et al., 2008). Conversely, the limited numbers of national studies of elder abuse that have been conducted such as the Comic Relief and

Department of Health UK study of abuse and neglect also question prevalence rates, but suggest an underestimation (Manthorpe et al., 2007). There is therefore a degree of uncertainty about the numbers of older people affected by financial abuse due to potential under and over reporting, and the impact of different interpretations of abuse (Crosby et al., 2008).

The biases that could result when making decisions about financial elder abuse highlight the complex issues surrounding decision making in such cases. Professionals making decisions need to be supported by research evidence tailored to the demands of the decision making situation. Research demonstrating the use of judgement heuristics on one-hand focuses on the biases demonstrated by Tversky and Kahneman (1974) as evidence that people are prone to making 'bad' judgements and that consequently heuristics are negative because of the associated biases. For example, Klein (2005) outlines how heuristic biases can impact on medical practitioners' decision making, and makes suggestions as to how the observed biases can be avoided.

An alternative focus is on the value of heuristics, in terms of circumstances when they result in accurate judgements. This is in addition to what the biases tell us about decision making as highlighted in relation to financial elder abuse prevalence rates. In the case of medical decision making, if evidence suggests practitioners commonly apply heuristics, heuristics must have value beyond cases when biases result in judgement errors, otherwise people would not continue to rely on health professionals. Eva and Norman (2005), in a commentary on Klein's critique of the use of heuristics in medical decision making, argue that even if the biases associated with heuristics can be avoided, medical decisions would never have a 100% success rate. This is because health decision making is a prime example of decision making with a series of unknown indicators. The acceptance of error was also a point made by Brunswik, in the context of dealing with uncertain environmental cues (Wigton, 2008).

A positive conceptualisation of heuristics is as offering an 'adaptive toolbox', that equip people to deal with different situations. Gigerenzer and Todd (1999) describe the role of fast and frugal heuristics in the adaptive toolbox. So called fast and frugal heuristics enable people to make good decisions, within the context of having limited time and computational resources. This is a form of bounded rationality (Simon, 1956), but one that emphasises the circumstances in which these heuristics are

successful. Gigerenzer (2008) provides the example of how the adaptive toolbox idea has been applied to understand cognitive biases associated with heuristics, such as the recognition heuristic.

Overall it seems that heuristics encourage consideration of the practicalities of making decisions, in that as well as an analytic approach not always being possible due to time and resource constraints, such a labour intensive approach may not even be necessary. When thinking about the normative application of heuristics to financial abuse decision making, it would be interesting to consider how much information professionals use when deciding if they think financial abuse is taking place. If minimal information was used to reach a decision, this may provide support for the role of heuristics in such circumstances. Conversely, if a large amount of information was used in the decision making process this may indicate a more analytic approach such as that advocated by judgement analysis, considered in the next section. An alternative perspective to the dual-process idea is Hammond's cognitive continuum (1955) where cognitive processes are considered in terms of a scale relationship. This will be discussed in the following section, which outlines social judgement theory and the methodology of judgement analysis. In the context of the dual process model this represents the analytic perspective on decision making.

Social judgement theory

Social judgement theory applies the principles of Egon Brunswik's lens model of perception to judgement analysis (Cooksey, 1996). Before judgement analysis is outlined, it is important to define pertinent terminology used in the context of this theory, due to its impact on the methodology applied. A key term to explain is probabilistic functionalism, the research approach championed by Brunswik. Functionalism means considering the relationships between an individual and their surroundings in preference to establishing cause and effect using rigorous control; whilst probabilism demonstrates that the relationship between an individual and their environment is underpinned by uncertain interactions between environmental variables (Cooksey, 1996).

The lens model uses specific terms to refer to the relationships between environmental variables (distal cues), how an individual perceives them (proximal cues), and ultimately the judgement made (achievement) (Cooksey, 1996).

Hammond (1978) noted that some of Brunswik's key ideas have been misused and misinterpreted by subsequent researchers, such as use of the term ecological validity.

The term ecological validity was used by Brunswik to refer to the correlation between proximal cues and distal criteria (Hammond, 1978), with correlation value providing a measure of the strength of the relationship between these two aspects. Hammond (1998) provides examples of how researchers have confused ecological validity with representative design and the extent to which results can be generalised.

The confusion of ecological validity and representative design is relevant because of the significance of representative design as one of Brunswik's guiding principles. Brunswik suggested that the methodology of representative design should be used to capture the probabilistic relationship between proximal and distal criteria. A representative design in the context of probabilistic functionalism means sampling situations and objects in the environment to capture the nature of the relationships between environmental variables. This idea offered an alternative focus to capturing variation in the population of interest whilst controlling extraneous variables. In order for research to be generalised beyond the specific experimental case the situation itself needs to be varied in the same way that the study participants should represent a cross section of the population of interest (Hammond, 1978).

Brunswik's original lens model of perception can be seen in Cooksey's (1996) book, which also explains how the lens model can be applied in judgement analysis. Brunswik was interested in perceptual constancy, meaning how individuals are able to estimate the size of an object relatively accurately despite the uncertainty of distal cues. The lens model shows the process by which object perception is achieved by outlining the relationship between distal and proximal cues (Hogge, 2001).

The principles of Brunswik's Lens Model have been applied widely. Karelaia and Hogarth (2008) conducted a meta-analysis of studies employing the lens model equation. Exclusion criteria were applied, such as where achievement information was either not provided, or could not be calculated. The final analysis included 86 research articles spanning between 1954 and 2007, and incorporated 249 judgement scenarios. One of the conclusions drawn was that lens model analysis was able to accurately model both how people make judgements, and the conditions of the

environment in which they make them. Figure 2.1 shows the lens model in the context of social judgement theory.

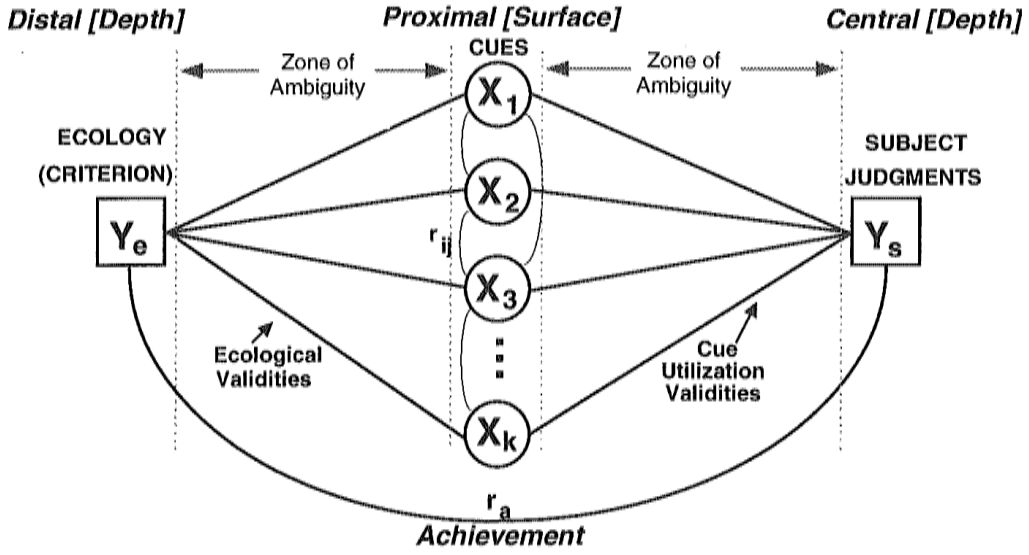

Figure 2.1: The Lens Model and Social Judgement Theory
(Cooksey, 1996. Ch 1. Fig 1.3)

In Figure 2.1, *Achievement* represents the correlation between an individual's judgement and distal criterion that were in place. The *zone of ambiguity* refers to how the individual deals with the uncertain relationships between environmental variables.

Social judgement theory is strongly associated with Hammond (1955), who initially applied Brunswik's principles of probabilistic functionalism and the associated methodology of representative design to study clinical judgements. Using a representative design, cues are deliberately not controlled so that interactions can occur as they might normally. This allows for vicarious functioning, the idea that people use different pieces of information to the same effect, e.g. when driving, both the height of an object and how blurry it appears can be used to determine how far away it is (Hammond, 1955).

The next consideration is how judgement analysis is used in practice. One level of investigation is called the single-system design, which captures how cues are evaluated to reach a judgement, but cannot assess the judgement itself (Cooksey, 1996). An example would be policy-capturing studies, which determine at an idiographic level how different pieces of information are weighted in the judgement

process (Wigton, 2008). Hoffman (1960) explains how techniques such as regression analysis could be used to model the judgement process in such studies in a way that does not require the participant to be aware of the process. Similar to Brunswik's idea of functionalism, Hoffman stresses the importance of such techniques to develop "*a useful level of objective description…. describe relationships between events or phenomena*." (Hoffman, 1960, p. 117). In practice, this approach involves participants making judgements based on cases which include a number of cues to determine which cues emerge as having the most significant influence on the judgement to be made.

The next level of investigation is the double-system, which measures aspects of the environment as well as the judgements, giving the potential to assess judgements against environmental criteria (Cooksey, 1996). With a single-system design we can identify how an individual makes a judgement, but with a double system we can compare the individual's cues weightings with what we know about the relationship between environmental cues and judgement. This could be knowledge gained from evaluation of multiple cases, which then provides a point from which to compare how the individual makes the judgement (Wigton, 1996). Thompson et al. (2009) used a double system design to compare nurses' (n=245) judgements of the risk of a patient experiencing a critical event, to a modified early warning score (MEWS) of risk. The MEWS is a mechanical judgement based on clinical cues, with a score greater than 5 used to determine scenarios where the patient should be classified as at risk. Nurses had to judge 50 patient case scenarios, and make three judgements. They were asked to judge if the patient was at risk of a critical event (Yes or No), if they would take action of informing a colleague (Yes or No) and to judge the likelihood of a critical event on a scale (0 – 100). Results reported that on average, 30 of the scenarios were judged at risk. This represented an overestimation when compared to the 18 classified as "at risk" based on MEWS values.

This approach is valuable as it provides a means of comparing different groups of individuals. For instance, Thompson et al. (2009) compared the achievement of nurses with and without critical care experience, and identified a stronger correlation with the MEWS values for the nurses with critical care experience. This can be used as a basis for determining characteristics associated with effective decision making.

In the context of financial elder abuse decision making, there is currently no distal criterion that could be used to meaningfully assess if financial abuse has occurred.

Where this knowledge does not exist, a single system design study can provide an idea of the environment/judgement relationship, providing the basis for follow-up research from a double-system perspective. For instance, Harries and Gilhooly (2003) conducted research to determine how cues should be weighted in the prioritisation of referrals by occupational therapists. Multiple regression analysis was conducted to identify which cues (e.g. reason for referral) had a significant influence on referral prioritisation. Regression beta weights were used to compare the relative impact of the cues. This information was used in subsequent research (Harries & Gilhooly, 2011) to assess the impact of a training tool on occupational therapy students' prioritisation policy. The optimal cue weighting information identified in the initial research was used as the basis for comparing the effects of training on achievement; and how students' prioritisation ratings compared to the identified experts.

Hammond developed cognitive continuum theory to link the ideas of the judgement and decision making research approaches (Cooksey, 1996). This theory focused on the interplay between the cognitive strategy adopted and the specific nature of the task. Cooksey (1996) outlines the key principles of cognitive continuum theory, which is based around the idea that intuitive approaches such as heuristics and analytic approaches such as judgement analysis should not be thought of as separate and opposite, but rather at different ends of a continuum. In other words, an individual's cognitive approach to a task may be more intuitive than analytic, but it can still hold analytic elements (referred to as a quasi-rationality approach). The basis of cognitive continuum theory in terms of intuitive and analytic approaches being on the same scale can also be linked back to Brunswik, who discussed the two approaches in terms of balance (Hammond, 1996).

Another consideration was the impact that the task itself might have. The idea of a task continuum (Hammond, 1996) is that as well as having a continuum in terms of cognitive approaches different tasks themselves suit different approaches. Furthermore, this is not a static process as over time people adopt different cognitive styles when faced with the same task; perhaps when performance was not as good as expected.

Overall it seems that Hammond's cognitive and task continuums (1996) provide a clear way of investigating the impact and interplay of both intuitive and analytic cognition. Using this representation, it is therefore possible to consider if certain

aspects of a task require an intuitive approach, whereas others require more analytical thinking. Given that social professionals in particular have formal guidelines regarding their responsibilities in cases such as elder abuse, it is likely that certain aspects of the process will be analytic. The value of applying judgement analysis methodology is that it can be determined how different pieces of information are used, rather than identifying a list of common indicators of abuse.

Holzworth (2001) outlines some of the key insights from judgement analysis research into how people make judgements. The first observation was that people use fewer cues and less information than they think they do when making a judgement. This idea draws parallels with the actuarial versus clinical judgement debate, which questions the added value of more labour intensive clinical judgements if actuarial judgements are comparable in terms of effectiveness. This point also highlights the importance of study methodology and whether the self-report approach can accurately capture decision making if people are not aware of how they use information.

The second key message was that if multiple participants are asked to judge the same situation there is likely to be a high level of inconsistency between the judgement policies they apply. Thirdly, Holzworth (2001) highlights the controversy over how aware people are of the policies they apply when making judgements. This again raises methodological concerns as to how decision making can ever be captured. Evaluation of social judgement theory highlights the importance of considering environmental variation via a representative design as well as using statistical techniques such as regression analysis both to model and predict behaviour. The potential that judgement analysis would allow to balance both of these angles is interesting from the perspective of decision making in cases of financial abuse as it would capture the varied environment in which financial abuse takes place, as well as producing something tested which could ultimately be used to support decision making.

2.6 Summary

- There is currently no consensus as to how financial elder abuse should be defined, with different definitions applied in policy documents such as *No Secrets* (DH, 2000), as well as in a research context (e.g. Setterlund et al.,

2007). Despite this, definitions are commonly based upon examples of behaviours that might be seen to constitute financial abuse.

- In the UK, the most recent elder abuse prevalence study by O'Keefe et al. (2007) reported that the prevalence of financial elder abuse occurring in the last year was 0.7%, making it the most common form of elder abuse after neglect. Prevalence figures are also likely to represent an underestimation (Crosby et al., 2008), suggesting that the scale of the problem is higher than formally identified.

- Reported risk factors for elder abuse have included advancing age (O'Keefe et al., 2007), being female (National Centre on Elder Abuse, 1998; Perel-Levin, 2008), declining mental capacity (Wiglesworth et al., 2008), higher wealth (Kemp & Mosqueda, 2005), and living with family (Wilson et al., 2009).

- Research in the area of financial elder abuse is limited, focused mainly on factors that might lead to financial abuse if carers are managing finances (e.g. Setterlund et al., 2007). There is no evidence of research that has explored how professionals make decisions in relation to financial elder abuse.

- Research needs to be undertaken to explore decision making in the context of financial elder abuse. This is important to determine how professionals identify that financial abuse is occurring, the decisions that have to be made in such cases and factors that can help or hinder decision making.

- Instances of suspected financial abuse present a unique challenge when determining how to research professional's decision making in such cases. There is a degree of uncertainty on a range of issues such as how to classify elder abuse, how a case of financial elder abuse might present itself, and how professionals then decide what to do about it. Detailed information is therefore needed about professionals' experiences of dealing with cases of financial abuse.

- The methodology of judgement analysis, associated with social judgement theory, was selected to explore professional decision making in relation to financial elder abuse. This approach was selected on the basis of both the

descriptive and normative value offered, and the potential for the findings to offer prescriptive application. Obtaining detailed information from professionals about the experience of decision making in cases of financial elder abuse would identify the range of cues influencing how decisions are currently made. This information could then be used to explore the influence of the financial elder abuse cues on judgements, to allow conclusions as to how decisions should be made. Observations as to a consensus standard as to the factors significantly how professionals detect financial elder abuse could then be used to inform and potentially improve professional decision making.

Chapter 3 Project overview

This chapter provides a description of the two phases of the financial elder abuse research, which explored professional decision making in cases of suspected financial elder abuse. The chapter begins by identifying how the overall research methodology was shaped by the principles of judgement analysis. The chapter then explores the research questions addressed in Phase I of research, discussing how previous research has investigated the cues of financial elder abuse. Policy documents and research relating to the types of decisions that have to be made in cases of suspected abuse is presented. Consideration is also given to the difficulties that may be encountered when making decisions in such circumstances. The chapter then introduces the research questions from Phase II of the research, evidencing the need to explore how professionals make decisions in cases of financial elder abuse. Research assessing the impact of an individual's demographic characteristics on decision making is described, and the value of identifying participants who show a consistent approach to decision making is discussed. Description of the research methodology addresses the selection of social care, health and banking professionals as the three participant groups of interest, and details the research ethical approval process. At the end of the Chapter a flow diagram is provided to illustrate the different aspects of the research design, procedure and analysis in Phases I and II.

3.1 Introduction

Judgement analysis was selected to investigate decision making in the context of financial elder abuse as it moves beyond the focus of previous research and literature on what the cues or risk factors for abuse might be, to how professionals use these cues when making decisions. This can then address questions such as whether certain cues of financial abuse are viewed as stronger indicators than others. Judgement analysis was also thought to have methodological strengths that would complement usage in relation to financial abuse decision making, For instance, judgement analysis requires the use of representative design, whereby cues are not systematically controlled to determine their influence. This was thought to be a good way to represent the complexities of cases of financial abuse. In addition, by statistically modelling the relationship between cues and judgements, judgement analysis is not reliant on the participant's explanations of how they reached a particular decision (Hoffman, 1960; Harries & Harries, 2001).

Judgement analysis can also produce a model of a participant's judgement behaviour based on cue weightings, which can be used to predict how they would respond to similar situations in the future (Hammond, 1996). Cluster analysis can then be used to group participants who weight cues in a similar way (Cooksey, 1996) or make similar judgements. Different cluster groups can then be compared to

explore the reasons behind the different approaches. These techniques will be explored further in the Phase II methodology chapter.

Judgement analysis methodology considers the relationships between judgements and cues in the environment, in order to investigate how judgements are reached (Cooksey, 1996). This chapter focuses on how judgement analysis was applied to study decision making in relation to financial elder abuse. In judgement analysis research, in order to measure how different cues are weighted when making judgements, it is first necessary to establish what cues are being considered, and their potential variation. It is also necessary to identify the types of decisions taken and factors that influence the context of the decision process, for example the barriers and facilitators to decision making. Approaches to identifying relevant cues can include reviewing the literature, consulting with experts and initial exploratory research (Taylor, 2006). The limited research that has been undertaken on financial elder abuse (see Chapter 2, Part I, for further details) suggested that identification of the cues used by professionals to detect and prevent abuse and decisions they had to then make could not be obtained purely by a literature review. This evidenced the need for research to establish the cues, decisions and contexts of financial elder abuse. The first phase of the project (Phase I) therefore focussed on this task.

3.2 Phase I

In order to explore how decisions are reached in cases where financial elder abuse is suspected, it was firstly necessary to establish detailed information about the experience of decision making in such instances. Phase I of research aimed to identify the cues that raised professionals' suspicions of financial elder abuse. The need for research to identify the cues of abuse and their influence on professional decision making has been highlighted (Killick & Taylor, 2009). This is particularly important in the context of financial elder abuse, as identification of such abuse is thought to be difficult because assessment of money management practices is not a normal part of the contact professionals who are in regular contact with older people, such as social care professionals, may have (Wilson et al., 2009).

One approach used to infer the signs or cues used to identify elder abuse has been to analyse the content of referral alert forms that social care professionals use to record information about incidents of suspected abuse. Information from referral

forms has been used to research the prevalence of different types of abuse, such as in the National Elder Abuse Incidence Study in America (National Center on Elder Abuse, 1998), from which can be drawn factors that place an individual at increased risk of abuse. Although referrals can provide a useful overview of the sorts of older people who have been financially abused, supposed risk factors are not necessarily the same factors used by professionals to identify financial elder abuse in practice.

Circumstances where the professional has not identified the suspected financial abuse themselves highlight the importance of suspicions being brought to their attention by third parties such as other professionals, or a friend of the older person. The value professionals place on information obtained from external sources has been questioned though. Fulmer et al. (2003) suggested that social care professionals were unsure of the reliability of information obtained from third parties in relation to suspected abuse, and preferred to follow up on concerns themselves.

Suggestions have also been made in a report by Edmonds and Noble (2008) relevant to the banking sector as to factors that might place an older customer at increased risk of financial abuse. This report emerged from research undertaken at the Loddon Campaspe Community legal centre in Bendigo, Australia, following a parliamentary enquiry which suggesting that banking professionals should be trained to identify financial abuse. Edmonds and Noble (2008) identify that circumstances where an older customer is no longer in charge of managing their own finances can allow opportunities for financial abuse. If the bank account has a third party signatory or is managed under a power of attorney, there can be concern as to whether transactions reflect the customer's wishes.

The potential risk of financial abuse in cases where someone else is managing the money has also been identified in a programme of research looking at financial management in older age from the experience of older people, their carers and professionals. The Assets and Ageing research programme reported that where older people are independently managing their own finances and have mental capacity to make financial decisions, there is less opportunity for financial abuse (Wilson et al., 2009). This suggests that consideration of who is in charge of the money may be affected by whether the older person has full mental capacity.

McCreadie, Bennett, Gilthorpe, Houghton and Tinker (2000) conducted research to measure general practitioners' (GP's) awareness of the risk factors for different types of elder abuse, including financial. GP's (n = 291) were given a series of situations that may indicate a risk of abuse, and were asked if they had any patients in each situation. Analysis of knowledge of the four risk factors relating to financial abuse had to be excluded because of a high 'Don't know' response. As a result of this, the questions relating to risk factors for financial abuse were not reported. Reference to pilot research conducted by the authors (McCreadie, Bennett & Tinker, 1997) in a separate Primary Care Trust, which used the same set of questions provided a full description of the risk factor question set. For instance, in relation to financial abuse a risk factor included "Carer who spends the older person's income or benefits on themselves at the expense of the needs of the older person" (McCreadie et al., 1997, p. 28).

A high "Don't know" response was also achieved in response to the same financial abuse risk situations in the pilot research. This was attributed to GP's not feeling that assessment of financial matters was part of their job role (McCreadie et al., 1997), but it may be that lack of knowledge of risk factors in relation to financial abuse was as a result of risk factors not being reflective of how cases are identified in practice.

In terms of what is currently known about the cues of financial elder abuse, certain factors that may place an older person at increased risk of abuse have been suggested, but it is not known how well these factors can be applied by professionals to identify financial elder abuse in practice. It seems that there is a need to explore professionals' case experiences of financial elder abuse to identify the factors or cues that lead to such abuse being detected and ultimately to action being taken at the earliest possible stage.

The importance placed on decision making when elder abuse is suspected can be seen by the number of references to specific decisions that have to be made in policy and guidance documents relating to adult safeguarding. Despite the emphasis on multi-agency working in *No Secrets* (DH, 2000) there is no single source of guidance for professionals in terms of policy and procedure. In the social care and health sectors *No Secrets* (DH, 2000) is referenced, but as the starting point for more detailed guidance. The Association of Directors of Social Services (2005) released the document *Safeguarding Adults*, which highlighted key decisions to be made by

social care professionals including whether to refer the case to the “Safeguarding adults” process. In 2010, the Department of Health released a guidance document to address the lack of systems in relation to adult safeguarding within the NHS. The guidance document included a flow diagram that outlined the process of what to do when faced with a potential safeguarding concern (DH, 2010, p. 6). This identified that health care professionals had to make the decision as to whether to refer the case to social services as a safeguarding concern, which means that decisions are made by health professionals prior to integration with social services. Reference was made to health professionals individually making direct referrals to social services, but the need for this was minimised in preference to initially referring via the NHS system. A case example involving potential financial elder abuse was used to demonstrate how the proposed process might work in practice.

In terms of guidance for banking professionals to follow in relation to decision making in cases of financial elder abuse, the British Bankers Association response to the *No Secrets* review highlighted concerns that there was no specific practice guidelines relating to financial abuse for the financial services sector to follow and that it could be difficult due to the variation across cases as to what the abuse looked like (DH, 2008).

Research has investigated particular decisions made by professionals in relation to elder abuse. This has predominantly involved research with social care and health professionals. In the social care sector, research by Hussein et al. (2009) explored the decision to refer an individual to the Protection of Vulnerable Adults (POVA) list. People can no longer work with vulnerable adults or children if they are referred to the POVA list (now incorporated under the Independent safeguarding authorities Vetting and Barring scheme (see isa-gov.org.uk)). Hussein et al. (2009) reported that approximately 25% of cases referred to the POVA list between 2004 and 2006 were in relation to suspected financial abuse (n=5294), although not all of these cases would have been specific to financial abuse of older people. This research used referral information to extract common characteristics of individuals suspected of perpetrating abuse.

In the health sector, Lachs and Pillemer (1995) address key decisions that have to be made by physicians in America in response to cases of suspected elder abuse. The authors used American Medical Association, and Elder Mistreatment guidelines to specify key questions that physicians needed to answer in order to determine what

action to take. The first step involved determining if the individual wanted anything done about the suspected abuse. If they did not, the capacity of the individual to make that choice then had to be assessed. Where assistance was declined, if the individual was thought to have sufficient mental capacity to make the decision, it was specified that the physician must follow the patient's wishes. Circumstances where action was declining were acknowledged as being particularly difficult for the professional, as all they could do was to provide advice.

In the banking sector there is no direct research exploring decision making in relation to suspected elder abuse. Observations related to decision making can be drawn from a report by Edmonds and Noble (2008) in relation to the difficulties experienced by banking professionals when dealing with cases of suspected financial elder abuse. In addition to qualifying how the banking legislative framework in Australia impacts on responses to financial elder abuse, the report covers broader aspects of the banking job-role in relation to financial abuse, which could be relevant to banking professionals based in the UK. One consideration of the report is the underlying expectations of the customer/banking professional relationship (Section 8, Edmonds & Noble, 2008). This section identified that where financial abuse is suspected, banking professionals can feel uncomfortable taking action that goes against the customer's wishes such as stopping a transaction. This is because they have to work on the assumption that transactions are valid, unless there is evidence to contradict this (Edmonds & Noble, 2008). This suggests that where financial abuse is suspected a key decision to be made by banking professionals is whether or not to question what the customer has requested.

In Australia, research has commenced to study banking professionals' experience of financial elder abuse. The State Trustees are funding a programme of research in Victoria into financial elder abuse, which is being conducted by Monash University (statetrustees.com.au). One aspect of the research will include interviews with finance professionals to learn about their experiences of good and poor practice when managing older people's finances. The findings will be reported in 2012, and may provide a useful point of comparison against the study reported in this thesis.

It would be valuable to explore decision making as experienced by professionals in relation to individual cases of financial abuse, to establish the range of decisions made, and the options professionals felt were available to them. The distinct decision

making approaches adopted across different sectors highlight the importance of investigating decision making in relation to cases of elder abuse as occurring in the relevant professional contexts. These would provide a point of reference as to what current practice in relation to decision making in such cases looks like.

The experience of decision making in relation to elder abuse has also been considered in terms of factors that presented particular challenges. Killick and Taylor (2009) reported on issues raised in research addressing decision making by professionals, primarily in the social care and health field, in relation to elder abuse. The authors identified that there was only a small body of research exploring professional decision making in relation to elder abuse, but that some common challenges could be seen. These included the impact of context factors such as who was suspected of committing the abuse, for the professionals' assessment of what constituted abuse and whether action should be taken. When thinking about financial elder abuse, this could be seen to relate to the issue of how abuse itself is defined. It may be that professionals find it difficult to label financial abuse by a family member as abuse.

Killick and Taylor (2009) also highlight the ethical challenges of decision making in relation to elder abuse when the older person does not want any action taken. There is a growing awareness of ethical challenges in this context, as professionals have to balance a responsibility to address abuse, versus protecting the individual's autonomy (Donovan & Regehr, 2010). This may be a particular issue in relation to financial elder abuse given the high proportion of such abuse committed by family members (Action on Elder Abuse, 2006) who older people may be less willing to report or take action against.

Ethical dilemmas can also affect the professional's response to elder abuse. Kitchen, Richardson and Livingston (2002) conducted research with nurses (n=40) who worked with older people, to explore the actions they would take in response to two case scenarios of elder abuse, one described as showing "suspected" abuse and the other as showing "definite" abuse. The article did not give access to the two case scenarios, but reference to previous research involving the authors that addressed the development of the vignettes and their testing (Richardson, Kitchen & Livingston, 2002; Richardson, Kitchen & Livingston, 2003) would suggest that definite abuse was defined on the basis of a situation physically observed by the participant. This involved seeing a staff member hit a patient. Nurses were asked to view each

scenario, and give a description of what they would do. Their answers were then compared to a 'model answer' as determined by *No Secrets* (DH, 2000) guidance. Although the case scenarios did not relate to financial elder abuse, the qualitative findings suggest general difficulties that health professionals may encounter when addressing suspected abuse. Kitchen et al. (2002) reported that in response to the case involving abuse by a fellow staff member, professionals often felt conflicted as to how they should respond, as they appreciated the demands of the job and the pressure people were under.

It may be that this conflict relates to who was suspected of committing the abuse and the fact that it was a colleague. In the context of financial elder abuse, professionals might feel uncomfortable taking action where abuse has occurred in a residential or nursing home committed by a fellow staff member. If the conflict was more to do with the type of abuse reported, and people's ideas of what actions are appropriate in different circumstances, this could result in financial abuse by a family member being attributed to the nature of the family relationship.

The mental capacity of the older person has also been identified as a factor that can further complicate the ethical challenges of decision making where abuse is suspected. Donovan and Regehr (2010) comment that where the older person's mental capacity is questioned, professionals still have to consider their wishes, but also whether they are making decisions based on a capable assessment.

A professional's decision to take action in cases of suspected abuse can be affected by their assessment of whether the action is likely to have a successful outcome. Wilson (2002) conducted interview research with social workers and managers (n=24) working in an urban setting. Professionals reported concerns that action would make the situation worse for the individual in terms of either further abuse or their overall circumstances. Wilson (2002) identified the theme of "avoidance" in the interview content, whereby professionals removed the need to make difficult decisions by not acting on suspicions of abuse. This was compounded by the perception of inefficient resources to effectively address abuse. The potential impact of these difficulties in relation to financial abuse is important as professionals may use this to justify the decision only to act in the most severe cases of abuse, and this may exclude financial abuse.

The wishes of the individual have also been identified as presenting a challenge to decision making in some circumstances. Almogue, Weiss, Marcus and Beloosesky (2010) surveyed nurses and physicians in Israel about their attitudes towards elder abuse and knowledge of elder abuse laws. As part of the survey, participants were asked to select from a series of options, up to five reasons why they may choose not to report a case of suspected elder abuse. The results showed that 49% of participants selected "victim denied mistreatment" (Almogue et al., 2010, p. 88), as a reason for not reporting the abuse. Considering the wishes of the individual may also present professionals with an ethical challenge, in that even though from an outside perspective a decision may be viewed as bad or "illogical", it is still the person's right to make it (Ubel, 2002).

The elder abuse literature suggests that numbers affected by financial abuse are likely to be higher than reported, as in many instances the older person decides not to take action or make a complaint (Crosby et al., 2008). This may be the result of the person weighing up what they think the different outcomes of a financial abuse case being taken forward will be, e.g. leaving the family home and escaping financial abuse versus residential care with limited family contact. Given the variation in people's health states, and the fact that the term elder abuse can be applied from an arbitrary age of 60 years, most people affected by financial abuse will play a role in decision making. This therefore needs to be considered in terms of how this may impact on the professional's response to abuse.

Working relationships between different sectors may also be a source of difficulty when decision making. Research has highlighted poor communication between health and social care professionals. McCreadie, Bennett and Tinker (1998) conducted a questionnaire of 73 GP's in the London Borough of Tower Hamlets on the topic of elder abuse. It was reported that only 50% had regular involvement with social services. This highlights the value of exploring the experience of decision making in relation to suspected abuse, as it may be that professionals identify abuse, but then decide not to report it.

In summary, it seems that it is important to consider the challenges professionals face when making decisions in relation to financial elder abuse, as these establish a context for decision making, and may be seen to justify professionals responses. The issue of identifying decision making challenges could also be reversed to focus on

factors that could support professional decision making. The emphasis of research is commonly on difficulties encountered, and addressing factors that might make decision making easier would enable recommendations based on best practice experience.

The Phase I research questions were as follows:

1. What are the cues that raise suspicions of financial elder abuse?
2. What are the decisions that have to be made when financial abuse is suspected?
3. What are the case features that can make decision making difficult?
4. What are the case features that can make decision making easier?

3.3 Phase II

As well as identifying the sorts of factors that might influence decision making, it is also of interest to consider *how* decisions are reached. Research has been conducted in a social care setting to explore how professionals make specific decisions, such as whether to refer an individual to the Protection of Vulnerable Adults (POVA) list. Stevens et al. (2010) conducted semi-structured interviews and discussion groups to evaluate how specific factors might influence the referral decision. Three vignettes were developed based on the key cues found to influence referral from quantitative analysis of 100 POVA referrals, as well as detailed analysis of a sample of 30 cases. The content of the scenarios, one of which concerned financial abuse of an older person, was designed to represent the complex nature of situations requiring this sort of decision in order to generate discussion. In individual interviews, POVA team employees (n=18) were asked to consider each case scenario and answer whether they would refer the individual to the POVA list, and to explain their reasoning.

Stevens et al. (2010) conducted qualitative analysis of the interview transcripts. Aspects of Grounded Theory were applied, to identify themes emerging from the data (Morgan, 1993). Stevens et al. (2010) created the key category of “synthesizing unsuitability” to explain the decision to refer, which was a balance of three factors including what had happened, what harm had been caused and what the referred

person was like. Professionals' assessment of the relative weighting of the different elements, such as the harm caused and the severity of the case, determined the likelihood of referral.

This research suggests that professionals consider different pieces of information to be of different levels of importance when decision making. Applying the methodology adopted by Stevens et al. (2010) to financial elder abuse decision making would require professionals to discuss the reasons why they suspected elder financial abuse was taking place. Application of such an approach in the context of financial elder abuse is questionable, as it may be that at the point at which a professional initially suspects financial elder abuse, awareness of how the judgement was reached is limited. In addition, explanation of how the judgement is reached may differ from practical experience.

Using the judgement analysis approach a model of an individual's judgement behaviour is produced based on their cue weightings (Cooksey, 1996). The influence of cues on how judgements vary from lowest to highest (variance) can be captured without participants having to explain how they reached their judgement. Thompson et al. (2009) provide a demonstration of variance, reporting the mean, range and standard deviation (spread of scores) of judgements made by nurses in relation to the likelihood of a patient having a cardiac arrest (scored from 0 indicating "No risk", to 100 for a "Certain event"). It would be useful to investigate which of the cues of abuse identified in Phase I had the greatest influence on judgement variance in response to suspected financial elder abuse. This would provide practical guidance for professionals to support the process of decision making in such cases. For instance, they would know if particular cues should be weighted as of greater importance.

It is also of interest to consider if there are distinctions between decisions made by professionals working in different sectors. Previous research exploring decision making in relation to elder abuse has suggested that different sectors both detect and respond to elder abuse in different ways due to professional knowledge and emphasis on elder abuse in training (Killick & Taylor, 2009). Distinctions between social care and health professionals' perceptions of effective elder abuse detection have been reported. Yaffe, Wolfson and Lithwick (2009) conducted focus groups with social workers, nurses and physicians (n=31) to discuss the content of a set of questions that physicians could ask older patients relating to elder abuse. Although

ultimately social care and health professionals agreed on the most appropriate question content, they gave different justification, which emphasised their professional perspective. For instance, in terms of question design, nurses and physicians focused on practical considerations such as time constraints necessitating shorter questions, whereas social workers wanted shorter questions as they felt they would be better understood by the older person.

Decision making research has also explored the effects of demographic characteristics such as gender on decision making. Sandhu et al. (2010) conducted research with physicians in a hospital in America to investigate factors influencing the decision to approve patient restraints. Physicians (n=187) each viewed five patient case scenarios and judged the likelihood of patient harm in each situation, and whether restraints would be ordered. Both judgements were measured on a ten-point scale from “Not at all” to “Absolutely”. The results reported that the gender of the physician had a significant influence on likely of ordering that the patient should be restrained. Males were more likely to order patient restraint than females.

The relationship between gender and decision making in relation to financial elder abuse is of particular interest given the proportions of females versus males working in different sectors. Skills for Care (Eborall, Fenton & Woodrow, 2010) report that in 2009, around 80% of people working as social care professionals in adult social care were female. The percentage of female workers is even higher (up to 95%) in roles working in direct contact with older people, such as home carers, although males hold approximately 25% of management positions (Eborall et al., 2010). Given the dominance of females in the social care work force, in particular in certain job roles, if it was identified that males and females adopt different approaches to identify financial elder abuse and take action this would have implications for training.

Length of experience in a job-role has also been suggested as a demographic characteristic that can influence decision making, but with conflicting findings reported. Chen et al. (2010) conducted research with 279 nurses across 14 hospital emergency departments in Northern Taiwan to investigate how they judged a patient’s priority to be assessed by a doctor. The nurses were asked to view 10-patient case scenarios and give a triage rating as an assessment of prioritisation on a four-point scale from level 1 – highest priority, to level 4 – lowest priority. Years of

overall experience as a nurse, and years of experience as an emergency nurse had a significant positive influence of the accuracy of triage assessments.

Other research has reported that length of job role experience had no significant influence on judgements. Yang and Thompson (2011) compared the judgements of student (n=63) and experienced nurses (n=34) in response to patient paper case scenarios versus a simulated case experience. In both conditions participants judged the same 25 case scenarios, and in each case had to indicate if the patient was "at risk" versus "not at risk" of a critical event (a sudden decline in their condition). As the case scenarios were developed from real clinical cases, the outcome of the case was used as a measure of the accuracy of the judgement. Yang and Thompson (2011) reported that in both conditions, the experienced nurses with on average 12 years of experience were no more accurate in their judgements than the students who were predominantly in the second or third years of study.

Findings regarding the influence of experience on judgement performance suggest that experience is not necessarily a reliable indicator of judgement expertise, something that has been highlighted successfully in other health care research contexts, such as determining the health management of children with cerebral palsy by occupational therapists (Rassafiani, Ziviani, Rodger & Dalgleish, 2009). The impact of length of job role experience on judgements in cases of financial elder abuse is questionable, as a professional's length of time in their job role may not necessarily equate to increased targeted experience of dealing with cases. The most recent UK elder abuse prevalence research by O'Keefe et al. (2007) reported figures of 0.7% of older people experiencing financial abuse in the last year. Professionals with longer length of service may therefore have no greater case experience than someone recently employed. This raises questions about how to measure the accuracy of professional's judgements in relation to financial elder abuse given limited case experience. Expertise of decision making has also been a focus of research, in an attempt to identify people who make "good" decisions, which can then be used to train others. It has been suggested that the actual decisions people make may be a more accurate identifier of expertise than their years of experience (Rassafiani et al., 2009).

In situations of suspected financial elder abuse, judgement expertise cannot be determined on the basis of accuracy, as the case outcomes, whether financial abuse has taken place, may be unknown. In judgement analysis research, consistency (reaching the same judgement when faced with a repeated situation) can be used to differentiate the judgement policies of different groups of people (Harries & Gilhooly, 2003). Developing the idea of measurement of consistency, applying the Cochran-Weiss-Shanteau (CWS) index, judgements can be examined to see how consistent professionals are in response to repeated scenarios, as well as their ability to discriminate between different situations (Weiss & Shanteau, 2003). In reference to judgements of financial elder abuse, the CWS Index could identify professionals who showed good discrimination, and low inconsistency. This could also be linked to demographic information, to see if more consistent decision makers could also be differentiated based on demographic characteristics.

The Phase II research questions were as follows:

1. Which case features (cues) explain the greatest variance in decision making by professionals?
2. Do participant demographic characteristics show any relationship with decision making?
3. Which participants are the most consistent decision makers?

3.4 Project methods

3.4.1 Sample

Cue usage had to be identified in a relevant professional context, which required specifying the particular participant groups of interest. It was also necessary to restrict the number of participant groups in order to target the research findings and policy implications. Social care, health and banking professionals were selected as the three participant groups in this research. The reasons for selecting each of the participant groups are addressed in turn in the following sections.

Social care professional participant sample

No Secrets (DH, 2000) designated social services as the lead agency in terms of coordinating a broader multi-agency response to adult safeguarding. Social services are normally the lead agency in response to individual cases of suspected abuse, which necessitates decision making to determine how cases should be addressed (DH, 2000, p. 32, point 6.33). Mansell et al. (2009) reported that as a group, social service staff (including managers, care management staff and regulatory staff) made 45% of referrals in relation to adult protection across two local authorities in the South-East of England from 1998 – 2005. Financial abuse represented 14.6% of all referrals. It may be to be expected that the referral alert system would more effectively capture social care professional referrals than those from other groups given that referral monitoring operates within the social services system. Having said that, this does support the view that social workers are actively identifying cases of elder abuse, of which a key portion relates to financial abuse. In summary the central role of social care professionals in addressing safeguarding concerns suggests that such professionals would be key decision makers where financial elder abuse was suspected.

Health professional participant sample

No Secrets (DH, 2000) identified the health service as one group that should be part of a multi-agency response to cases that require adult safeguarding, which would include financial elder abuse. Previous research has investigated rates of abuse detection and actions taken in response to elder abuse by different health professionals, such as nurses (Kitchen et al., 2002), and doctors (McCreadie et al., 2000; Levine, 2003). The interest in abuse detection by different health professionals suggests that the potential for identification by such job roles is seen as high. Despite this, concern regarding rates of reporting of suspected abuse by health professionals has been highlighted (O'Brien, 2010), in particular in relation to general practitioners.

Lachs and Pillemer (1995) discussed how physicians might identify different types of elder abuse, including financial, suggesting that they should be aware of the individual's general financial situation, but that actively looking for this sort of abuse was not a part of the job role. In instances where patients raised direct concerns in relation to financial abuse, the authors suggested that the referral would be better

dealt with by Adult protective Services (equivalent to social services in the UK). Despite minimising the role of physicians in identification of financial abuse, a link between financial abuse and presentation of general neglect was made, which suggests that the presence of one may lead to identification of the other.

Researchers have also questioned the variability in training that medical practitioners receive about elder abuse, in terms of whether it is covered at all and the depth of teaching. Gordon, Blundell, Gladman and Masud (2010) carried out a survey to assess medical school undergraduate level teaching on the topic of elder abuse, measuring curriculum related to ageing and geriatric medicine. Responses from 17/30 UK medical schools who offered a five-year course reported that of the 11 schools that covered elder abuse, only 8/11 taught it formally as part of teaching.

These findings have also been replicated at postgraduate level. Thomson, Beavan, Lisk, McCracken and Myint (2010) carried out a survey of 112 specialist registrars in geriatric medicine to ask them how much training they had received about elder abuse, and the quality of that training at postgraduate level. Results reported low scores for both the amount and quality of the training received. Only 5.4% of participants said they would feel prepared to deal with a case of elder abuse. Such findings raise questions as to why training for health care professionals in relation to elder abuse is minimal, and whether professionals feel this impacts on how they deal with cases.

In summary the role of health professionals as decision makers in cases of financial elder abuse is of particular interest given that health professionals are generally considered to be in a good position to detect elder abuse but they receive inconsistent training, and mixed messages as to whether they are responsible for taking action.

Banking professional participant sample

There is currently limited information regarding the number of cases of financial elder abuse identified by banking professionals. Detection and reporting of elder abuse by banking professionals was included as part of the National Elder Abuse Incidence Study (NEAIS) in America (National Centre on Elder Abuse, 1998), but the involvement of banking staff in the research was challenging as only 30% of banks

approached to participate in the study gave their approval for staff involvement. Reasons for refusal included senior staff not giving their agreement for staff participation, and legal representation advising to decline to participate. Bank workers (n=72) were participants in the measure of abuse identification by "sentinels", in that they may have identified financial or material exploitation of older customers. The report did not provide a breakdown of how many of the cases of elder abuse identified by sentinels were made specifically by banking professionals in relation to financial elder abuse, but referrals from banking staff represented 0.4% of all reports substantiated by Adult Protective Services.

The reluctance of the banking sector to participate in research in this area may explain why there is limited literature addressing the issue of financial elder abuse and the role of banking and finance professionals in abuse detection. The potential for banking professionals to detect abuse when they deal with older customers has been highlighted (e.g. Wilson et al., 2009), and a concluding point of the NEAIS report (National Centre on Elder Abuse, 1998) was to question how bank staff could be supported to identify and report cases of suspected financial elder abuse.

Given the access banking professionals have to financial information, they play a potentially important decision making role in the identification of financial elder abuse. There is a need to explore financial elder abuse as identified by banking professionals in their working life, and to demonstrate how banking and finance professionals in the UK are currently addressing financial elder abuse, and their experience of decision making in such circumstances.

Why were social care, health and banking professionals selected as the three participant groups?

Social care and health professionals were chosen due to their degree of exposure to cases of financial elder abuse, and potential to identify incidents of abuse due to their access to older people. These professions may encounter more cases than others due to the nature of their work, and therefore understanding how they deal with financial abuse is important to inform future work practices. Using the criteria of potential for identification of abuse could incorporate a range of professionals, but banking professionals were thought to be of particular relevance due to their level of contact with older people and access to financial information.

3.4.2 Research ethical approval Phase I and II

Research ethics approval for both phases of the project was obtained concurrently, prior to participant recruitment and data collection. One aspect of research approval was assessment of any ethical issues related to the research, to ensure that participants would not be put at unnecessary risk by taking part. In addition, approval from some of the representative bodies specific to health, social care and banking professionals involved a wider assessment of the research protocol. This included looking at factors such as the staff time required, to determine if involvement was justified.

Considering ethical issues surrounding the confidentiality of the cases discussed by the professionals was important, given that details of cases related to elder abuse were likely to be of a sensitive nature. In terms of reassuring the professionals of confidentiality, the participant information sheet specified that case details would remain anonymous in reporting, and that professionals would not be personally identifiable. Limits of confidentiality were specified though, so that the professional knew that the project's principle investigator would be informed if there were concerns regarding professional practice.

Ethical approval for the research was obtained from Brunel University prior to applications being considered by any external bodies. Brunel approval was completed in two parts. The first part related to the involvement of health and social professionals, and a separate application was then made for banking professionals. Different members of the Brunel NDA financial elder abuse project team were responsibility for obtaining ethical approval for the different applications. PhD research student MD focused primarily on obtaining approval to recruit NHS health professionals, as well as social care professionals in the South West London region.

Social professionals were included jointly with health professionals to mirror the NHS ethics application, which covered both sectors. NHS approval was necessary for recruitment of social care professionals, due to potential overlap between job role responsibilities of professionals working in the social care and health sectors. MD completed the Integrated Research Application System (IRAS) form in order to obtain NHS ethical approval. A copy of the ethical approval letter from Brunel

University can be found in Appendix 3.1. Details of NHS Research Ethic Committee (REC) approval can be found in Appendix 3.2. Research and development (R&D) approval to involve staff working in GP practices was also obtained from each NHS PCT across the multi-site area. A sample R&D approval letter is included in Appendix 3.3. MD's experience of the process of obtaining NHS research ethics approval is laid out in Appendix 3.4. This provides full details of the approval process, and documents some of the problems faced and lessons learned.

Approval for the research was also obtained verbally from each London borough and county Council social services involved in the research. A maximum of three social services departments could be included in the research, as the Association of Directors of Adult Social Services (ADASS) required a fee in order to conduct research in four or more locations (ADASS, n.d). Payment of this fee was not feasible under the project costing, and the use of three locations was sufficient to recruit the required number of participants for both phases of the research. PhD student MD obtained approval for staff research participation from a borough Council in the South West London area. A meeting was arranged with management representatives from the team responsible for addressing cases of elder abuse (the older peoples team) to discuss the proposed research, and what participation would involve. Approval was obtained verbally prior to participant recruitment.

Research student EN obtained ethical approach for research with the banking professional participants from Brunel University. This application was separate from approval for social care and health professionals, as NHS approval was not necessary for recruitment of banking professionals. Project partner HSBC and the Building Societies Association who were supporting recruitment gave their general agreement to staff participation in the research. In addition, agreement was also obtained at a local level from managers for branch staff participation.

Figure 3.1 below, outlines the different aspects of the Phase I and II methodology. The different aspects will be considered in detail in the Phase I and II methodology chapters.

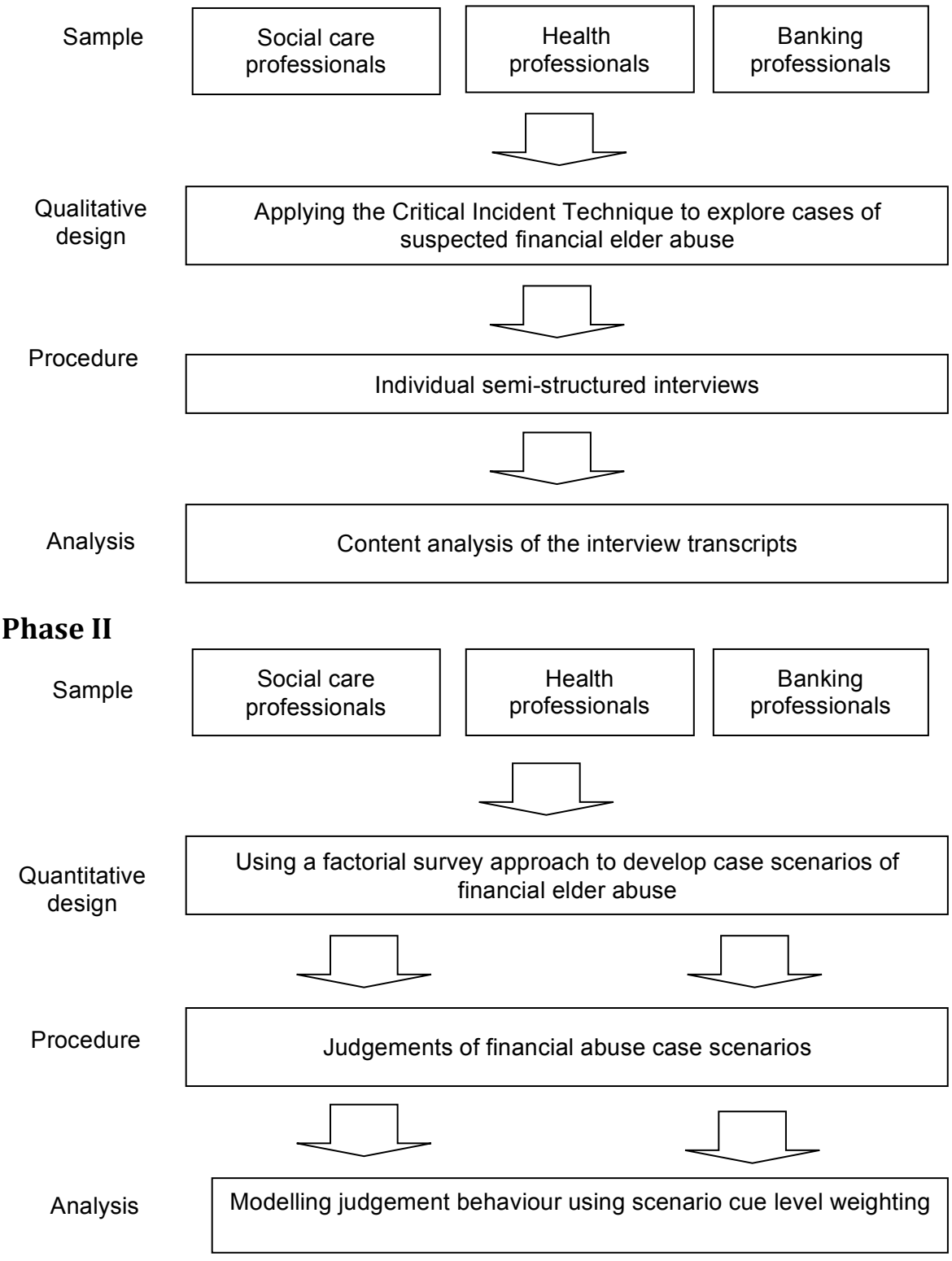

Figure 3.1: Overall financial elder abuse research methodology flow diagram

3.5 Summary

- Application of the judgement analysis approach to explore decision making in relation to financial elder abuse resulted in a mixed methodology, two-phase research project.

- Qualitative research was conducted to explore professionals' experiences of decision making in Phase I. The Critical Incident Technique (Flanagan, 1954) was used to guide semi-structured interviews with professionals, to focus their description of experiences of incidents of suspected financial abuse encountered. The aim of Phase I of research was to establish the cues that raise social care, health and banking professionals' suspicions of financial elder abuse, the sorts of decisions that have to be made in such cases, and factors that can make decision making particularly easy or difficult. Justification for Phase I method selection is detailed in the following chapter, Chapter 4.

- In Phase II of the research, a factorial survey approach using written case presentation was selected to explore decision making in relation to financial elder abuse. The aim of Phase II of research was to investigate the influence of the cues of financial elder abuse identified in Phase I on judgements made, as well as exploring whether demographic characteristics of the individual such as their age or gender had any influence on judgements. Evidence from analysis of professionals' judgements could be used to identify those who showed a consistent approach to decision making. Phase II methods are described in full in Chapter 6.

- Social care, health and banking professionals were selected as the three participant groups of interest on the basis of their role as decision makers in relation to financial elder abuse, as well as the potential for professionals working in these sectors to detect such abuse.

- Ethical approval for the research was obtained from Brunel University. Ethical approval was also obtained from the South West NHS Research Ethics Committee in order to recruit health professionals working in the NHS as participants in the research.

Chapter 4 Phase I methodology

This chapter presents the research methodology applied in Phase I to explore professionals' experiences of decision making in cases of suspected financial elder abuse. The aim was to identify the cues that raise suspicion of abuse, to inform Phase II of research where cue usage would be explored to examine how different cues are weighted when reaching judgements. The chapter addresses the Phase I methodology including the procedures undertaken and the use of the critical incident technique and content analysis to investigate case experience. The characteristics of the participant sample consisting of social care professionals (n=23), health professionals (n=20) and banking professionals (n=20) are described.

4.1 Introduction

In order to establish the factors or cues influencing professionals' judgements in cases of financial elder abuse, it was necessary as an initial phase of study to identify the range of cues that may be present. Exploring professionals' experiences of decision making in cases of financial elder abuse would inform consideration of cue usage, by highlighting the context in which decisions have to be made.

4.1.1 Phase I research questions

1. What are the cues that raise suspicions of financial elder abuse?
2. What are the decisions that have to be made when financial abuse is suspected?
3. What are the case features that can make decision making difficult?
4. What are the case features that can make decision making easier?

4.2 Methods

4.2.1 Qualitative design: The Critical Incident Technique

The critical incident technique (Flanagan, 1954) (CIT) was chosen in preference to asking professionals directly how they identify financial elder abuse, as decision making literature has suggested that people tend not to have a high level of awareness of how they reach decisions (Holzworth, 2001). The CIT allowed a detailed focus on decision making in cases of suspected financial abuse. By extracting the cues of abuse from actual cases, cues may emerge which were overlooked by professionals. This is also of particular value as the elder abuse

literature identified a gap in knowledge regarding professionals' experiences of decision making in relation to financial elder abuse.

The critical incident technique focuses on learning from experience, by producing detailed accounts of a specific situation (Flanagan, 1954). It has been used in health fields such as nursing to improve practice. Schluter, Seaton and Chaboyer (2008) conducted interviews with nursing staff using the CIT to identify examples of patient care activities they had undertaken which they felt were appropriate or inappropriate given their particular skills and level of experience. The CIT has also been used in decision making research. Bradley (1992) used the technique to investigate how GP's make decisions about whether or not to write a patient a prescription and what made them feel uncomfortable about some decisions.

Before describing the application of the CIT to investigate incidents of suspected financial elder abuse, the next segment specifies key terminology associated with the approach. This begins with consideration of what constitutes a critical incident.

Defining the critical incident

Flanagan (1954) suggested that for an incident to be defined as critical, it must have a clearly laid out outcome or end point. Clear and consistent classification of the incidents of suspected financial elder abuse was important to ensure that the data collected was able to address the aims of the study. It also provided a way that multiple data collectors could ask about events in a similar manner. The interview schedule attempted to support a standardised approach to the definition of a critical incident by qualifying the relative time of the incident as the most recent case, as well as highlighting the sorts of details needed. A focus on the most recent incident was made to aid recall of the event and the level of detail that could be given.

Concerns regarding retrospective recall have been highlighted as a limitation of the CIT, as the participant's memory of the incident may have altered over time (Schluter et al., 2008). Having said that, Flanagan (1954) when talking about incident recall suggested that atypical events are easier to remember than everyday occurrences. Examples of financial abuse as incidents may therefore avoid the problem of poor retrospective recall given that for any one participant, cases are likely to be relatively infrequent. Recall in the context of financial abuse incidents may more so be an

issue in terms of the quality and richness of the examples participants are able to provide. Participants had to have been both aware of perceived financial abuse, and made a conscious decision to either address it or not before recall is even possible.

Qualifying that the critical incident should be the most recent was also important to address potential bias in the incident discussed. A criticism of qualitative research relying on participant self-report is the issue of bias, whereby participants want to show themselves in a favourable light. This has been identified in various research contexts, including recall of cholesterol level as lower than it actually was (Croyle et al., 2006), and children's recall of food eaten at breakfast to exclude unhealthy options (Moore, Tapper, Moore & Murphy, 2008). The issue of systematic bias could be relevant to financial elder abuse decision making because participants may want to prove that they followed best practice. They may also be keen to talk about incidents they found particularly interesting. An attempt was made to address this in the interview schedule by clarifying for participants that the interview was concerned with the most recent case and not the most interesting.

The CIT (Flanagan, 1954) was initially a direct observation method, with information recorded as the behaviour or situation of interest was occurring. It is now applied more commonly via participant self-reporting of an occurrence in an interview or questionnaire format (Bradbury-Jones & Tranter, 2008). In the context of describing situations involving financial elder abuse it was decided to apply the CIT within a semi-structured interview. Given that specific experiences of financial elder abuse for any one professional were likely to be minimal, direct observation of decision making in such cases was not possible in the research time frame. Semi-structured interviews also allowed the researcher flexibility to adapt the interview questions depending on the responses provided. In a semi-structured interview, a broad interview outline can be used, but if something unexpected emerges, this can be followed up.

4.2.2 The interview schedule

The interview schedule for Phase I was designed to elicit information which would address the research questions. The Brunel University NDA project team developed the interview questions as a group. The interview schedule used by DC, MD and EN was the same for each professional group. The interview schedule was divided into

three sections. For the initial interview questions (Introductory questions) participants were asked to talk about their current job role, and to describe what financial elder abuse meant to them. The aim of these questions was to ease the participants into the interview, and direct the focus onto the topic of financial abuse.

The second section of the interview involved the participants describing their experience of a case of suspected financial elder abuse (The critical incident). Supporting questions were asked to gain more detail on aspects of the incident relating to decision making. This included identifying the cues of financial abuse that initially triggered the professional's concern. This information directly fed into Phase II of the research, by justifying the range of cues that may inform professionals' judgements.

Questions were also asked about the decisions that had to be made when financial elder abuse was suspected. This was so that in Phase II of the research, examination of the influence of specific cues on professionals decision making could examine targeted decisions. This phase of questions was repeated if participants had additional experiences of financial elder abuse to discuss.

In the final section of the interview (General policy), participants were asked to explain any formal or informal policies they follow relating to financial elder abuse. After discussing their general policy, participants were asked follow up questions to identify some of the barriers they face when dealing with financial elder abuse, and things that might make decision making easier. This was particularly important in order to assess the practical context in which decisions are made.

To finish the interview, participants were asked how guidelines or output resulting from the research could be of most use to them. The aim of this was to end the interview on a positive note by highlighting the applied aims of the research. The participant's demographic details were also collected in order to be able to describe the characteristics of professionals who took part in the research. It was expected that the interviews would take approximately 45 minutes, to allow sufficient time to describe case experience of suspected financial elder abuse and address the additional research questions highlighted. A copy of the full interview schedule is shown in Figure 4.1 below.

Introductory questions

(1) If we could start by you telling me a little about your current job role.
(2) What does financial elder abuse mean to you?

The critical incident

(3) I'd now like you to tell me about the most recent cases of financial elder abuse you've encountered. Start with the most recent case from when you initially became aware or suspicious of financial elder abuse, giving as much detail as possible about what happened. It does not need to be the most interesting case, just the most recent.

(4) What was it that initially triggered your concern that financial elder abuse might be taking place?

(5) What would you say were the main decisions that had to be made in this case?
    a. What options did you feel were available to you when making that decision?
(6) Were there any specific aspects of this case that made your role particularly difficult?
    a. Is there anything that could have been done to make your role in dealing with this case easier?

General policy

(7) Is there a formal process that you have to follow if you are suspicious of financial elder abuse, and if so, can you talk me through it?

    a. If 'yes', how easy is the current policy to work with? What is missing, and what works well?
    b. If 'no', OK, let's think more about informal policies, what is the first thing you would do if you suspected that an elderly patient/client/customer was being financially abused?

Follow-up questions

(8) What factors might make your profession reluctant to address cases of financial elder abuse?
(9) How could guidelines to address cases of financial elder abuse be tailored to best support you?

Figure 4.1: Phase I interview schedule

In summary, the CIT (Flanagan, 1954) was used to determine the cues of financial abuse based on professionals' individual experiences of dealing with such cases. It also allowed a detailed focus on decision making in cases of suspected financial abuse given the flexibility of the approach in a semi-structured interview format to prompt participants in relation to the decisions that had to be made.

4.2.3 Sample

Sample size requirements were guided by the qualitative design selected, the Critical Incident Technique, which specifies that data collection should continue until no additional findings emerge from new critical incidents of suspected financial abuse (Flanagan, 1954). Bradbury-Jones and Tranter (2008) suggest that sample size does not show a direct relationship with the number of critical incidents needed to complete an exhaustive analysis. As such, the initial sample selected was 60 but this was flexible dependent on the development of the analysis. The total Phase I sample size of 60 people consisted of 20 professionals from each of the three professional groups; social care, health and banking.

A range of geographical areas was needed to represent working practices across inner city, suburban and rural areas. Accessibility to the research team for data collection meant that the areas targeted were within one to two hours travel of Brunel University. North West London and South West London, Kent, Hampshire and Medway were selected in order to meet these criteria.

Given the wide range of job roles that could be classified under the label of social care, health or banking professional, it was decided to target participants by specific job titles. This was to enable those with most experience of financial elder abuse within each sector to be targeted. Consultations with professionals within each sector took place to narrow down recruitment criteria, by establishing professionals who would have the most experience of cases of financial elder abuse. Sample information specific to each participant group is addressed in the following sections.

Social care professional participant sample

Consultations suggested that social care professionals working in direct contact with older people (such as social workers) could potentially identify cases of financial abuse. The required sample size of 20 was exceeded, and in total 23 social care professionals were recruited from three Councils, including one county Council (Kent) and two London borough Councils. Recruited exceeded 20 on the basis that the social care professionals had a breadth of experience of financial elder abuse, and so more interviews were needed to determine financial elder abuse cue usage.

Participants were between the ages of 27 and 66 years, and included 21 females and 2 males. Participants held a variety of job roles, with regional variations meaning comparable job roles held different titles, such as adult protection co-ordinator being equivalent to safeguarding vulnerable adults co-ordinator. Consultation with NDA project board representatives from the social care sector took place to understand the different job role titles. For example, social workers can be care managers, although in some instances other professionals such as community psychiatric nurses (CPN's) can also hold this position. In this research, all the care managers were social workers. Acute health and social care professionals such as CPN's could not be included under the primary care NHS ethical approval obtained for the research. More details on the restrictions of NHS ethical approval are provided in Appendix 3.4, as part of the description of the researcher's experience of obtaining NHS ethics approval. The participants had a minimum of 1 year to a maximum of 21 years length of service. Eighteen of the participants recorded their ethnicity as white.

Health professional participant sample

Consultation with health professionals identified that any health sector job role that involved contact with older people could potentially come across cases of financial abuse. As an additional consideration, the selection of the job roles to be included was guided in part by the requirements of NHS research approval. Recruiting professionals from an Acute Trust setting, such as a geriatrician working in a hospital, is a separate process to recruiting from within a Primary care Trust (PCT), such as a general practitioner working in a community surgery. Given that recruitment within a PCT setting would enable access to a larger more diverse area than a single hospital, the route for obtaining ethical approval to recruit staff working in PCT's was taken. This was important to ensure the participant population was sufficiently large to reach the required sample size. The final participant selection criteria incorporated health professionals within GP practices (GP's and district nurses), as well as occupational therapists. Occupational therapists could be approached nationally using the member's list of the College of Occupational Therapists (COT) Specialist Section for Older People.

Following the guidelines outlined by Flanagan (1954), it was determined that a sample size of 20 health professionals was sufficient to identify the key cues of financial elder abuse. The participants were predominantly female (18/20) and

ranged in age between 27-58 years old. Half of the sample was between the ages of 27-36 years old. Participant job roles included occupational therapists, GP's, district and community nurses, and one service manager. Participants reported having between 2 to 28 years length of service in their current job role. Half of the participants were recruited from North West or South West London. Six participants were recruited from outside London in either Berkshire or Kent, with the remaining four from "Other" areas across the UK. Participants from "Other" recruitment areas were occupational therapists recruited via the COT specialist section group, which was not tied to specific regions by ethical constraints. Nineteen of the participants recorded their ethnicity as white.

Banking professional participant sample

Consultation with banking professionals established that any banking professional who dealt with customers as part of the job role could have the necessary experience, including cashiers and branch managers as well as people with specialist roles dealing with financial crime.

Twenty professionals working in the banking and financial services sectors participated in the study, which was found to be a sufficient number to identify the key cues of financial elder abuse. Three quarters of the sample were female. Participants ranged in age from 20-60 years old with a mean age of 42 years, although there were no participants between 30-37 years old. Participants reported a length of service from nine months to twenty-five years in their job role, with a mean of 9.5 years. Job roles included branch managers, cashiers, financial crime investigators and investment managers.

Seven of the participants were recruited from within Greater London, with coverage including North West London and South West London. Ten participants were recruited from outer London areas including Berkshire and Kent, with the remaining three from "Other" areas across the UK. Participants from "Other" recruitment areas were building society professionals recruited via contact with the Building Societies Association, who completed telephone interviews. All the participants (n=20) reported their ethnicity as white. An overview of the participant demographic information for social care, health and banking professionals is provided in Table 4.1 below.

Table 4.1: Phase I participant biographical information

Biographical Information		Social care (n=23)	Health (n=20)	Banking (n=20)
Gender	Female	21	18	15
	Male	2	2	5
Age (Years)	20 – 26	-	-	3
	27 – 36	4	10	3
	37 – 46	8	6	6
	47 – 56	7	3	6
	57 – 66	4	1	2
Job title	Social worker	10	-	-
	Social care management level	6	-	-
	Team manager	4	-	-
	Safeguarding adults manager	3	-	-
	Occupational therapist	-	10	-
	District / Community nurse	-	5	-
	General practitioner	-	5	-
	Branch manager	-	-	7
	Cashier / Customer advisor	-	-	5
	Financial crime investigator	-	-	5
	Independent financial advisor	-	-	3
Length of service (Years)	< 1	-	-	1
	1 – 4	7	3	7
	5 – 9	3	3	5
	10 – 19	9	11	3
	20 +	3	3	4
	Missing data	1	-	-
Ethnicity	White	18	19	20
	Black-Caribbean	3	-	-
	Black-Other	-	1	-
	Indian	1	-	-
	Missing Data	1	-	-
Recruitment area	North West London	2	8	5
	South West London	10	2	2
	Berkshire	-	4	6
	Kent	10	2	4
	Other	-	4*	3**
	Missing data	1	-	-

*Devon, Coventry, Lanarkshire, Stirling **West Midlands, Newcastle, North Yorkshire

Recruitment of social care, health and banking professionals to participant in interviews about their experiences of financial elder abuse is addressed in the following section.

4.2.4 Procedure

Participant recruitment

Participants across the multi-site area (North West London and South West London, as well as rural areas outside of Greater London including Berkshire, Kent and Hampshire) were sent the recruitment letter and information sheet via email or letter. The recruitment materials were the same for the three participant groups aside from the use of sector specific terminology. A copy of the recruitment letter can be found in Appendix 4.1, and the information sheet is included in Appendix 4.2. Recruitment materials outlined that participation was open to professionals who had at least one experience of an incident where they suspected that an older person was being financially abused. An illustrative example was provided relevant to each sector. For instance, in the health recruitment letter, the example given was “you may have felt it was inappropriate to have been asked to assess the mental competency of a patient to sign the power of attorney over to a relative”.

Participants were told to allow between 45 minutes to an hour for the interview, including the initial briefing. Anyone interested in taking part was given contact details for the member of the Brunel project team who was responsible for arranging interviews within each participant group or location area. Recruitment details specific to each sector are described in the following sections.

Social care professional recruitment

PhD student MD managed recruitment of participants from the South West London borough Council following agreement in principle for staff to participate in the research. A member of Council staff acted as a liaison between the researcher and the social care professionals to see if they were interested in participating. Employees working with older people were sent an email outlining the purpose of the research as well as a copy of the participant information sheet and project leaflet.

This included social care professionals working in older people's services and learning disabilities services (i.e. older people with learning disabilities).

Health professional recruitment

GP practice managers across the multi-site area were sent the project introductory information and information leaflet. A recruitment email including the participant information sheet was also sent to the COT Specialist Section for Older People, by grant holder PH and PhD student EN, to invite occupational therapists with case experience of financial elder abuse to participate in the research.

Banking professional recruitment

Participants were recruited with support from the NDA project partner HSBC. In addition, research fellow DC contacted the Building Societies Association, who agreed to assist with recruitment of building society staff. Attempts were also made to involve non-HSBC banking staff in the research by sending letters to bank branches local to the research team, and to contacts working in the banking sector.

Data collection

The data collection procedure was consistent across all participant groups. The interviews were primarily conducted face-to-face at the participants' place of work (bank, social services office, health centre) in a quiet room to ensure the confidentiality of the case being discussed. A small number of the interviews were conducted by telephone where the participant and researcher could not meet in person. Prior to each interview participants were re-emailed the participant information sheet and the general project leaflet to highlight that they would be asked to talk about cases where they had encountered financial elder abuse professionally. This was as an additional safeguard to ensure that participants had the relevant professional experience to be involved in the research. Interviews were conducted on a one-to-one basis, lasting 31 minutes on average (Social care: 32 minutes; Health: 21 minutes; Banking: 20 minutes), with a range between 10 – 51 minutes.

Participants were asked to sign a consent form at the beginning of the interview to give their expressed consent to participate (see Appendix 4.3) and to confirm that

they understood that the interview would be tape-recorded. They were also asked to provide an email address if they wished to receive a copy of the summary research findings at the end of the project. The confidentiality of the information and the anonymous reporting of the results were verbally reiterated prior to the interview commencing.

Interviews applied the critical incident technique (Flanagan, 1954) to find out about incidents where professionals had encountered cases of suspected financial elder abuse. DC, MD or EN recorded the interviews using a digital tape recorder. During the interview, field notes were made on a copy of the interview schedule to prompt the participant with additional questions or comments as appropriate. A sample of interview field notes can be found in Appendix 4.4.

At the end of each interview, participants were asked to complete a demographic information sheet (See Appendix 4.5) recording their age, gender, job role, length of service and ethnicity. The purpose of these details was to evidence the characteristics of the participant sample. Categories for participants to indicate their ethnicity were taken from the UK census of England and Wales (ons.gov.uk).

The researcher also provided email contact details in case of any follow-up concerns. Participants were given a £10 honorarium in the form of a Marks and Spencer's gift voucher as a thank-you for their participation. Participants in the South West London borough Council were able to contact the safeguarding adults manager if the interview had raised any concerns for them about their working practices, or financial elder abuse in general.

Following data collection, AW transcribed each interview verbatim. Researchers DC, MD and EN checked the transcripts to ensure accuracy for the interviews they had conducted. This is recommended in circumstances where the researcher is not transcribing the interviews personally, to ensure an accurate representation of the interview content (Braun & Clarke, 2006). A sample interview transcript is included in Appendix 4.6. The next section describes the pilot research conducted prior to Phase I data collection

Pilot research

Phase I pilot interviews were conducted after necessary project ethical approval had been obtained. This provided the opportunity to practise the interview schedule and check it made sense to participants, as well as to test the analysis process. Flanagan (1954) highlighted the importance of interviewer training to refine techniques prior to data collection when using the critical incident technique. Interviewers DC, MD and EN conducted a group interview with a social care professional. This was used to gain feedback on technique, as well as to shape and practise the interview schedule.

Information regarding the number of pilot interviews undertaken within each sector is given (n), as well as identifying the number completed by PhD research student MD (MDn). Pilot interviews (n=8, MDn=3) included social (n= 1, MDn = 1), health (n= 2, MDn = 1) and banking professionals (n=5, MDn = 1).

The higher number of pilot interviews conducted within the banking sector reflects when the relevant ethical approval for research within each group was obtained, and faster recruitment in this sector. As piloting was primarily to practise the interview and analysis procedure, an equal number across all participant groups was not necessary. Given the larger number of interviews completed with the banking sector their interviews were selected to pilot the analysis procedure. The findings from pilot analysis are reported in Appendix 4.7. No changes to the interview schedule were required as a result of the piloting process.

Qualitative analysis

PhD research student MD conducted overall analysis of the social care professionals' interviews (n=22). To cross-validate the analysis findings, researchers DC and EN carried out a separate analysis of the interviews they had conducted. This was to enable group discussion and agreement of the cues of suspected financial abuse and the decisions that had to be made in these situations. MD supported validation of the findings for the health care and banking participant interviews by carrying out separate analysis of a sub-set of the interviews conducted. Table 4.2 outlines the number of interviews conducted and analysed by each researcher in reference to each participant group.

Table 4.2: Phase I interview information: Interviews analysed by each researcher

Researcher	Social care	Health	Banking	Total
DC	7	10	11	28
MD	10	6	4	20
EN	6	4	5	15
Total	23	20	20	63

The following section justifies the selection of content analysis to explore professionals' decision making in instances of suspected abuse.

Content analysis of the interview data

Content analysis was selected to analyse the interview transcripts as it was thought to apply well to critical incident interview data. A description of the process of content analysis to determine the cues of financial elder abuse can be found in Appendix 4.8. Both the critical incident technique (Flanagan, 1954) and content analysis are inductive, focusing on the development of ideas or theories from the data rather than applying a pre existing theory. The choice of content analysis was also supported by the presence of previous research that has used this technique to analyse critical incident interviews (e.g. Bradbury-Jones, Sambrook & Irvine, 2007; Nilsson & Pilhammar, 2009).

Content analysis gives a breakdown of data into units of code, which summarise the key messages. There are various perspectives as to what constitutes content analysis. In one sense it is considered to be a purely quantitative technique. Neuendorf (2002) provides an introductory guidebook into the use of content analysis as a quantitative approach. This guidebook suggests that the aim of content analysis as a quantitative technique is to represent rather than interpret data. This involves developing a scheme to code the data, and then either using a computer programme or conducting analysis by-hand to identify the frequency of each code occurrence.

Content analysis can also be used as a qualitative approach. Morgan (1993) distinguishes between content analysis used as a quantitative versus a qualitative technique in terms of how the data is coded, and the implications drawn from the code frequencies. When used as a qualitative technique, codes are developed based on the interview content. The tally of each code frequency within the data can inform

qualitative analysis and interpretation of the content. A qualitative approach informed by quantitative evaluation was selected for analysis of the financial abuse critical incidents. This enabled comparison of the frequency of the different coding units and the potential for tentative conclusions based on which codes were highlighted most frequently.

The process of content analysis of the financial elder abuse critical incidents was primarily qualitative, and was guided by comparable research involving content analysis of interview data. Graneheim and Lundman (2004) discuss the application of qualitative content analysis within nursing research. The paper gives a description of key terminology, such as the distinction between content analysis of data at a surface level (manifest content) compared to a broader consideration of what the data means in context (latent content). This explains the process of coding the data to group categories and sub-categories of information as well as establishing any overriding themes.

Content analysis process steps

Each interview was firstly read a number of times to become familiar with the case scenarios of suspected financial abuse. Notes were made on the transcripts highlighting key case details, such as the nature of the incident and the action taken, as well as descriptive information about the older person. Selecting pertinent incident information identified some incidents that did not fulfil the criteria to be included in the research. These were subsequently excluded from further analysis. This included where professionals had talked about cases of suspected financial elder abuse that they had not personally been involved with, or where there was a lack of detail about the steps that had been taken. This filtering of the critical incidents was important to ensure that the data provided sufficient detail about decision making, and that there was a degree of consistency between different critical incidents.

For each critical incident, factors that made the professional suspect abuse, the decisions they had to make, and difficulties surrounding decision making were considered. Notes were made on each transcript highlighting quotes relating to these different questions, referencing the relevant transcript line numbers. The selected quotes were then reviewed, and those covering similar areas were grouped together under a summary category label. After analysis of each transcript separately, the

results from the different interviews were reviewed together to determine overall results for each research question. This involved reviewing the emerging content areas and linking those with a similar focus. These were then grouped into categories, and sub-categories to best represent the findings emerging from the data.

Findings from individual analysis were then compared at a group level. Flanagan (1954) specified that the validity and reliability of the results should be mentioned as part of the results reporting. The validity of the findings (i.e. if they are a good measure of what financial elder abuse is) was tested by multiple researcher evaluation of the interview transcripts and consultation with experts to discuss the findings. Phase II provided a test of the reliability of the cues identified, by investigating how the cues were used when faced with case scenarios of financial elder abuse. A group meeting to discuss the analysis process took place at an early phase of data analysis to ensure that all researchers were using a similar procedure. The process of conducting initial analysis to develop a coding structure of cues and categories for subsequent data analysis is suggested as good practice when using content analysis (Neuendorf, 2002).

Each researcher highlighted the cues, decisions made and difficulties experienced that emerged from their individual analysis. These were recorded, and grouped together where content was similar. The different groupings were then reviewed to decide upon the most appropriate label. Where there was dispute over cue or category inclusion or labelling, the supporting interview quotes were referred to. This was to ensure that the cues and categories were representative of the data being described.

The validity of the identified cues was also verified by consultation with project partners attached to the NDA project board. This was important to ensure that the critical incidents were representative of what is known about such cases (Butterfield, Borgen, Amundson & Maglio, 2005). Project partners covered the health, social care and banking sectors and were therefore able to provide advice in relation to their professional experience.

When the analysis had been completed, findings from individual analysis of the participant data set were compared with the results of researchers who had also analysed a sub-set of the transcripts. Following agreement of the cues and

categories at a group level, the final aspect of the analysis was to return to the interview transcripts and collate quotes to fit the finalised coding structure of cues, categories and sub-categories. This provided a measure of the frequencies of the identified cues and categories, which could be used to inform interpretation of the results. For instance, seeing which cue of financial elder abuse has the most associated quotes.

Following the same process used to determine the cues of abuse, content analysis was conducted to identify the sorts of decisions professionals had to make when they encountered suspected financial elder abuse. In addition to the quotes collated under each identified decision, diagrams were developed to represent the pathway of decisions made by each professional group.

4.3 Summary

- Phase I methods were described in this chapter. Phase I methodology involved semi-structured interviews applying the critical incident technique, whereby professionals were asked to explain their most recent case experience of suspected financial elder abuse. This approach was chosen in preference to asking professionals directly how they identify financial elder abuse, as decision making literature suggests that people are not always aware of how they reach decisions (Holzworth, 2001).

- Qualitative content analysis of the interviews was conducted to identify cues that made the professional suspect abuse, the decisions they had to make, and the difficulties and facilitators for decision making. Findings were discussed with social care, health and banking professionals on the NDA project board as a validity check.

- The Phase I participant sample (n=63) was made up of social care, health and banking professionals.

- Phase I informed the development of Phase II, by identifying the cues of financial elder abuse, and the types of actions professionals commonly had to take.

Chapter 5 Phase I results and discussion

This chapter presents Phase I of research with the social care, health and banking professional participant groups. In Phase I, interviews were conducted with professionals about their experience of dealing with cases of financial elder abuse. Findings emerging from content analysis of the interviews are described, with the results for each participant group presented in turn. The chapter concludes with a discussion of the results, and the implications of the findings for detection of financial abuse by the three professional groups.

5.1 Introduction

The following research questions were addressed in Phase I in relation to professionals' experiences of financial elder abuse:

1. What are the cues that raise suspicions of financial elder abuse?
2. What are the decisions that have to be made when financial abuse is suspected?
3. What are the case features that can make decision making difficult?
4. What are the case features that can make decision making easier?

Consideration of the results for the social care professionals is more substantial than for the health or banking professionals to reflect that MD conducted overall analysis for this participant group. Researcher MD participated in all aspects of the research process for health and banking professionals, but supported group validation of the findings rather than conducting overall analysis. As such, the depth of coverage of the results is less extensive in reflection of this different role.

5.2 Results

Across the interviews conducted with social care, health and banking professionals (n=63), 112 critical incidents of financial elder abuse were collected for analysis. The number of incidents exceeded the number of interviews conducted, as some professionals provided details of more than one incident. Table 5.1 below summarises the number of critical incidents emerging from interviews conducted in each participant group.

Table 5.1: The number of critical incidents of financial elder abuse from Phase I interviews

Participant group (n-size)	No. of critical incidents
Social care (23)	35
Health (20)	42
Banking (20)	35
Total (63)	112

Details of the incidents of suspected financial elder abuse described by social care professionals can be found in Appendix 5.1. The results represent the overall findings from analysis of the interviews within each participant group and were jointly produced by DC, MD and EN. In each section of the results, reference is made to diagrams in the appendices, which show the findings from individual analysis by MD for comparison alongside the overall results. The findings for each participant group are addressed in turn, beginning with the social care professionals.

5.2.1 Social care professionals

Findings, from this research, regarding the cues of financial elder abuse used by social care professionals have been reported in a journal article (Davies et al., 2011).

What are the cues that raise suspicions of financial elder abuse?

Analysis identified three cues that raise social care professionals' suspicions of financial elder abuse. The three cues were (1) who it was that identified the abuse 'identifier of abuse' (e.g. directly observed or reported by a third party such as a family member of the older person), (2) the nature of the 'financial problem suspected', and (3) the 'mental capacity' of the older person. The stages of content analysis to identify the cues of financial elder abuse are outlined in Appendix 4.8, as part of the description of the Phase I content analysis process. Table 5.2 below provides operational definitions of each cue-category.

Table 5.2: The cues of financial elder abuse used by social care professionals

Cue	Category	Operational definition
Identifier of abuse	Directly observed	Where the individual themselves notices signs of financial abuse.
	Reported	Information that comes from a third party such as the older person, a family member, a friend or another professional.
Financial problem suspected	Stealing from the home or person	Possessions taken directly from the home or person, such as cash from a coat pocket or money from a drawer.
	Anomalies between finances and living conditions	Poor provision of day-to-day necessities such as food, clothes or heating, regardless of an individual's wealth.
	Unknown befrienders or rogue traders	Individuals who seek out older people and develop a relationship (personal or professional) for some form of financial gain.
	Financial anomalies in accounts or bills	Where bank accounts show money missing, an unexpected overdraft or bills not being paid.
	Wills changed or gifts given under duress or deception	Items given under duress or deception.
	Misuse of power of attorney authority	Power of attorney authority obtained by deception or misused once in place.
Mental capacity	Fully mentally aware	An older person who is able to make financial decisions independently.
	Slightly confused	An older person who requires support to make some, or all, financial decisions.
	Extremely confused & forgetful	An older person who is unable to make financial decisions, and requires an official representative to act on their behalf.

The results table showing the quotations forming each of the financial elder abuse cue categories can be found in Appendix 5.2. This was also used to establish a tally of the number of times each cue and category was referenced, with the frequencies reported in Table 5.3 below.

Table 5.3 Frequency of coding of quotations representing each cue of financial elder abuse

Cue	Category	Frequency
Identifier of abuse	Directly observed	4
	Reported (Older person, family, friends, professionals)	38
Financial problems suspected	Stealing from the home or person	7
	Anomalies between finances and living conditions	13
	Unknown befrienders or rogue traders	6
	Financial anomalies in accounts or bills	18
	Misuse of power of attorney authority	5
	Wills changed or gifts given under duress or deception	3
Mental capacity	Fully mentally aware	7
	Slightly confused	7
	Extremely confused and forgetful	6

The following sections provide quote examples to support each cue and category that were found to raise social care professionals' suspicions of financial elder abuse. The reference at the end of each quote indicates the job role of the professional, the interview ID code, and the transcript line numbers covered.

(1) Identifier of abuse

There seemed to be a distinction between incidents where the professional was made aware of the potential abuse by someone else, and those where they identified signs of abuse themselves. This cue was particularly important because the majority of the critical incidents discussed by social care professionals were identified as a result of a report from a third party, rather than being directly observed by the professional themselves. Examples of abuse directly observed, as well as a case reported to the professional are provided in Table 5.4.

Table 5.4: Financial abuse cue – Identifier of abuse

Cue	Decision	Quote
Identifier of abuse	Directly observed	"…he used to send some of his letters in for me to have a look at…. there was one time he sent his information in and I notice £4000 was taken out of the account…" (Social worker - MS9. 30-33)
	Reported	"Usually for me the trigger for how we'd get involved would be (that) somebody would raise a concern, so somebody would say this has happened." (Safeguarding vulnerable adults coordinator - LS17. 122-123)

(2) Financial problem suspected

Table 5.5 provides examples of the six categories of financial abuse encountered by social care professionals. Abuse related to wills, and gifting have been grouped together under one cue as both the content of a will, and the choice to give a present should be at the discretion of the older person. Gifting is a term used by social care professionals when talking about the giving of presents from a service user to a carer. The potential for abuse exists if the gift was obtained via perceived pressure from the carer, or if the carer does not declare the gift formally.

Table 5.5: Financial elder abuse cue – Financial problem suspected

Category	Category detail	Quote
Stealing from the home or person		"When the client went to the drawer later the next day to draw some money to pay the hairdresser, she alleged that … there should have been £200 and £180 had gone missing." (Care manager assistant - LS18. 324-327)
	Important to check money has not just been mislaid, due to implications of false accusations	"…you have to bear in mind that our clients sometimes misplace money, …or they gave it to someone but won't actually elaborate who. So there are a number of occasions, a number of details you have to go into, in that sense before you actually suspect theft." (Senior support worker - DS23. 22-25)
		"…[he] phoned up [and], apologised the next day; when he went to do the laundry it was in the laundry bin, his wife had actually put in it there…" (Risk assessor / Registered manager - LS19&20. 593-595)

Table 5.5 continued: Financial elder abuse cue – Financial problem suspected

Category	Category detail	Quote
Anomalies between finances and living conditions	Lack of day-to-day necessities	"...you might see that actually they should have money but the fridge is empty, [and] they haven't got their heating on..." (Safeguarding adults manager - MS1. 342-343)
	No access to cash for activities	"...whilst working at the day centre, I would ask 'can he have money to go, we're going on a trip here?', 'no we can't he hasn't got enough money, there's no money, his uncle didn't bring money in for him this week'." (Social worker - MS7. 66-68)
	Living standards not matching finances	"...there's a mismatch, you're getting all this money - the person doesn't look clean or cared for, you're given conflicting information about the shopping." (Assistant manager - DS4. 66-67)
	Financial abuse and neglect	"Well to me the first thing the lady looked unkempt…" (Assistant manager - DS4. 49-50)
Unknown befrienders or rogue traders	Unknown befriender – Someone new in the older person's life	"...on the second week he told me he got an adopted daughter. When I actually did the referral I noted he only had a brother and a sister, he didn't have any children of his own … he said 'yes could you put her down as being my next of kin?'. This brought alarm bells to me because there was no paperwork connected with this adopted daughter or anything." (Client services manager - DS13. 62-67)
		"...I suppose in many ways I was worried about whether we're making the right decision for him because it's a security blanket no matter how difficult it is for him he was being looked after by her 7 days a week but at the same time she was abusing him." (Client services manager - DS13. 180-183)
Financial anomalies in accounts or bills		"She'd also run up, I think it was about £46,000 in unpaid fees…. if it had been a small home they would have flagged it up long ago and said 'look we just can't afford to keep her'. So she would have probably come to our attention sooner…" (MS5. 315-332)
Misuse of power of attorney authority		"…she got enduring power of attorney which … means she has access to her bank accounts. Then what the sister did behind her back was close her bank accounts and there was £20,000 in 3 bank accounts and she closed them." (DS14. 59-61)
Wills changed or gifts given under duress of deception	Carers being given gifts	"Now I'm not saying for my agency but I'm sure and I've heard through reliable sources that carers have been left houses and cars…" (Domiciliary care manager - DS2. 106-107)
	A will being changed	"…that lady actually told a carer that her neighbour who has been involved with her care tried to change her Will…" (Social worker - MS12. 29–30)

(3) Mental capacity

Assessment of the mental capacity of the older person suspected of being financially abused was mentioned in a number of instances by social care professionals. Table 5.6 below, provides quote examples of social care professionals talking about the individual's mental capacity.

Table 5.6: Financial elder abuse cue – Mental capacity

Cue	Category	Quote
Mental capacity	Managing cases where older people have minimal capacity to make specific decisions	"The problems come when we have the people who lack capacity, that's a complete nightmare." (Team manager - MS5. 249-250)
		"...somebody who is severely demented and they own a property and they've no family or friends. That's easy because you know, we've assessed that they don't have capacity to manage their finances and they certainly don't have capacity to manage a property and therefore we apply for deputyship and that's very plain sailing you know..." (Team manager - DS14. 253-256)

The next section provides the results of analysis to identify decisions made by social care professionals in cases of suspected financial elder abuse.

What are the decisions that have to be made when financial abuse is suspected?

MD, DC and EN produced a diagram to represent the pathway of decisions made by social care professionals when financial abuse was suspected. This was created purely to reflect the interview content rather than what should be best practice, and is shown in Figure 5.1 below. Quotations organised to represent each of the decisions and actions addressed in Figure 5.1 can be found in Appendix 5.3.

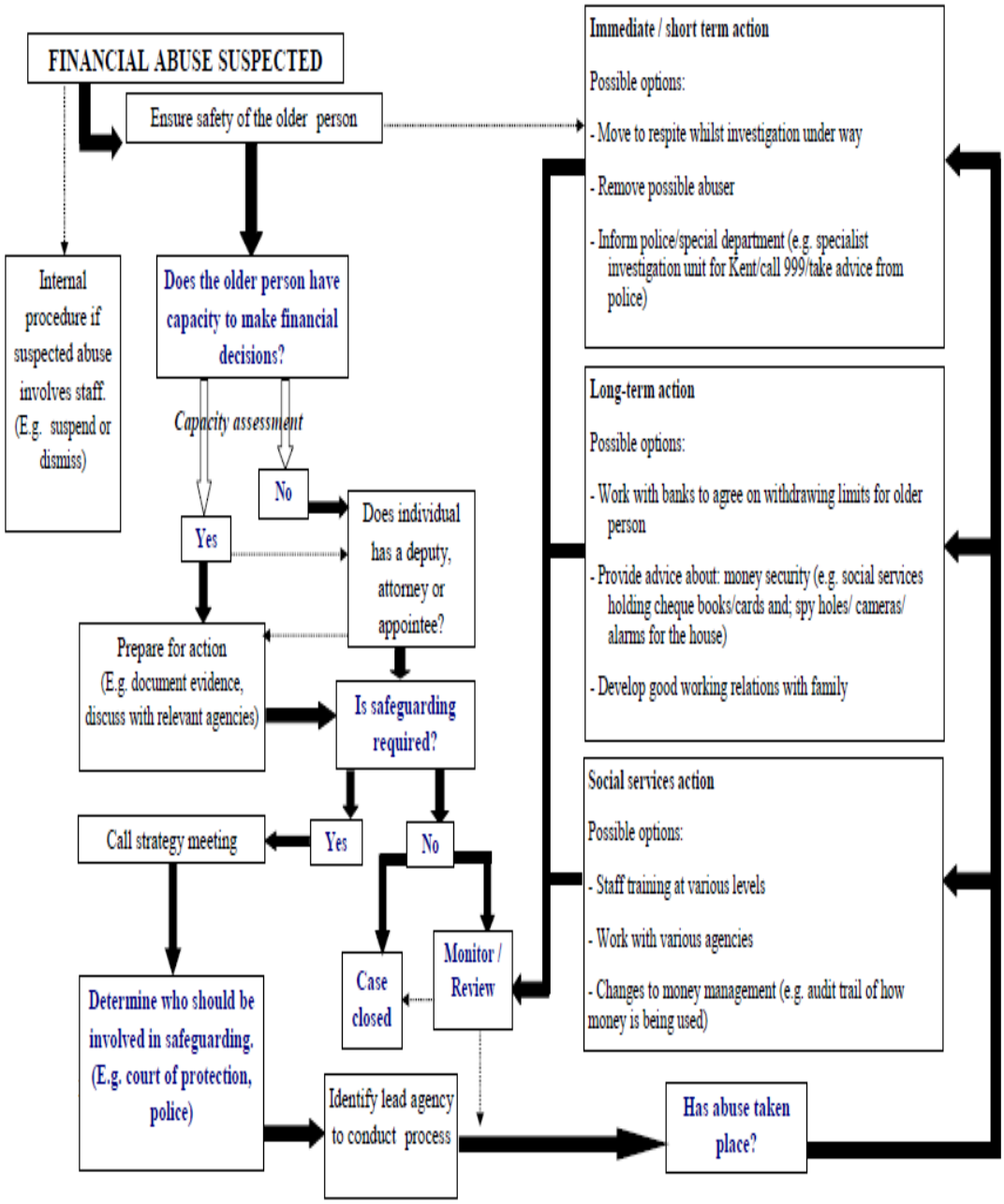

Figure 5.1 Decisions made by social care professionals when financial abuse is suspected

Table 5.7 address key decisions highlighted in Figure 5.1, beginning with professionals' assessment of the individual's capacity to make financial decisions.

Table 5.7: Decisions made by social care professionals when financial elder abuse is suspected

Decision	Detail	Quote
Does the older person have capacity to make financial decisions?		"…I personally felt that very quickly when I met the lady for the first time and just asked her a few basic questions it to me it became apparent that she wasn't really fully orientated…" (Social worker - MS12. 108-110)
		"...you see the difference with the other lady with the son-in-law, she had very short term memory and dementia,…. so she had to be protected because her mind, she didn't know what was going on. This other lady you know, she said, she admitted it, she said 'oh he's doing it all the time, he takes my card when I'm asleep and he goes and gets money' and I said you know 'we can get this stopped' but she wouldn't." (Domiciliary care manager - DS2. 128-133)
Is safeguarding required?		"...when the referral first comes in, once I've looked at it … the decision really I'm making is, is this a safeguarding referral? Is it going down the safeguarding route?" (Team manager - MS5. 530-531)
		"... it was thought to be possibly financial abuse and erm, I visited the client, spoke to her and erm, went through … what had transpired.... She was clear that monies that she had parted with for a family member was what she actually wanted to do and that other family members knew about it and… that there were family dynamics there..." (Social worker - MS11. 408-413)
Who should be involved in safeguarding?		"…you don't want everybody to know either because you know, because sometimes it makes the client more vulnerable, emotionally more vulnerable if everybody knows what's happened to them…" (Assistant care manager - MS10. 163-165)
	Establish lead agency	"… there's a decision then as to whether they're going to be the lead agency or we're going to be the lead agency and if it's them then it gets left at that point. We would back off other than obviously making sure that person is safe…" (Team manager - MS5. 552-555)
Has abuse taken place?		"...the investigating officer would meet..., would look at the evidence and carry out all the actions and make a decision on the balance of probabilities, whether the abuse has occurred, not occurred, partly occurred or is inconclusive. ." (Safeguarding adults manager - MS1. 414-416)

In the following section, features identified as making decision making difficult in cases of suspected financial abuse are considered.

What are the case features that can make decision making difficult?

Social care professionals viewed decision making in cases of suspected financial abuse as a challenge, as illustrated in the following quotation from an assistant team manager:

> *"So you would be liaising with their social workers and things, that bit works quite well. It's when you get past that and the decisions have to be made, it becomes more difficult, not that the process itself is difficult."* (MS8. 423-425)

Appendix 5.4 shows the stages of content analysis including overall analysis by researcher MD, followed by group level validation. Case features that were reported as making decision making difficult in cases of financial elder abuse were classified into seven categories. These included (1) the service user, (2) cultural context, (3) working with other agencies, (4) formal policy and procedure, (5) consequences of raising alarm, (6) identifying financial elder abuse, and (7) work environment. Collated quotations sorted under each of these categories and their component sub-categories are shown in Appendix 5.5. Table 5.8 below provides frequency counts of the number of times each category and sub-category was found within the data.

Table 5.8: Features that make decision making difficult – quote frequencies

Category	Sub category	Tally
The service user	Respecting the service user's wishes	47
	Compounding issues (age factors, learning disability, language barriers, drug or alcohol abuse)	28
Cultural context	Perceptions of money	11
	Ageism	8
Working with other agencies	Confidentiality	18
	Differing priorities	18
	Working practices	10
	Not being kept informed	6
	Knowing who to involve in safeguarding	4

Table 5.8 (Continued): Features that make decision making difficult – quote frequencies

Category	Sub category	Tally
Formal policy and procedure	Proof of crime required and not always available	15
	Hard to get a conviction	8
	Lack of legislation	4
	Rigid legislation / policy in other areas	4
Consequences of raising alarm	Impact on client's family relationships	19
	Impact on working life	14
	Impact on the older person	8
	Impact on relationship with client or their family	5
	Risk to personal safety	1
Identifying financial elder abuse	Identifying that abuse is occurring	16
	Deciding what constitutes abuse	4
Work environment	Lack of resources or support	25
	Job role responsibility	11

In Table 5.9 below, further details regarding each of these categories and sub categories is provided.

Table 5.9: Features that can make decision making difficult

Category	Sub category	Quote
The service user	Respecting the service user's wishes	"... they were going to pursue it but my client declined, she changed her mind, and she said 'he's still my son I don't want it to be taken any further..." (Care manager assistant - LS18. 187-188)
		"He was quite insistent that he wanted £250 … I said 'well what about £100? What do you spend?' and he said 'but I might need it' … I couldn't say 'well I think you should make it £100, that's enough for anybody in the week' …" (Social worker - MS11. 344-347)

Table 5.9 (Continued): Features that can make decision making difficult

Category	Sub category	Quote
The service user	Respecting the service user's wishes	"...if somebody says, and they're 89, 'I'm happy giving my son £60 a week, I know it's for drugs, it's an unwise decision but he's my son and I want to give it to him, it's my money, I'm quite capable of doing that and I don't see it as being abuse' we have to respect that..." (Team manager - DS14. 267-270)
		"… if there is reason to assume that actually they would have given their son… £20, out of their pension, that would have been their choice and just because they don't have capacity to do that it's really not fair for us to say 'well you really can't do that anymore' because it's something that they have always done." (Assistant team manager - MS8. 486-490)
	Compounding issues. E.g. language barriers / memory problems	"...she was recently seen in November by a psychiatrist, it is noted in the report that the daughter answered for her… I'm not sure that what was being said was a true reflection of what the lady was saying." (Assistant team manager - MS8. 96-98)
		"I think people find it very difficult if somebody's got severe cognitive impairment and they say 'I have £500 in that cupboard and it's disappeared and 2 of my cups have been stolen as well and 6 eggs'…" (Team manager - DS14. 223-225)
Cultural context	Perceptions of money	"I think [for] older people living in the community [it] is much harder because often people don't talk about finances, they're private about it…" (Adult protection co-ordinator - DS15.187-188)
		"... when you're talking to clients … and maybe they were looking at residential care … and you talk about the fact they own their house and a family member will say 'yes but they've willed it to me' and you say 'yes but that doesn't count, the will only comes into its own when somebody's actually died'" (Social worker - MS11. 437-441)

Table 5.9 (Continued): Features that can make decision making difficult

Category	Sub category	Quote
Cultural context	Ageism	"I think there is certainly a feeling amongst social workers that work with older people, that actually, it's seen that anybody can do, anybody can work with older people. You don't have to be qualified to work with older people, whereas in fact, it's almost the reverse because with children there is a lot of legislation behind you to back you up with what you do." (Assistant team manager - MS8. 367-371)
Working with other agencies	Confidentiality	"It's always difficult, they won't discuss anything with us because of data protection you know, you've got to have the client up there or the client's permission." (Care manager - DS22. 324-325)
		"It's really very difficult to manage the confidentiality thing and I do feel it's gone a bit it too far and people are a little hide bound around it." (Team manager - MS5. 246-247)
Working with other agencies	Differing priorities	"...the … obstruction I had was actually from the very slow response from the police, … when they came they said well they've got more high priority cases..." (Care manager - LS21. 355-358)
		"...they were informed but they didn't come to the meeting. Basically they regarded it as a civil matter that it wasn't for them to be involved at all." (Social worker - MS11. 185-186)
Formal policy and procedure	Proof of crime required and not always available	"...they needed evidence, they needed bank statements, they needed all sorts of things and of course to get back dated bank statements takes a while…" (Assistant team manager - MS8. 237-238)
		"One of the biggest problems is when people give money freely, even though they've been under psychological abuse, they have given money freely, the police don't see that as a criminal element but they've still been financially abused." (Safeguarding adults manager - MS1. 410-412)

Table 5.9 (Continued): Features that can make decision making difficult

Category	Sub category	Quote
Formal policy and procedure	Hard to get a conviction	"We've never had a criminal conviction and so I think that that frustrates me but that's more to do with the law probably than how they [police] feel but I know some of them get terribly frustrated themselves." (Team manager - DS14. 138-140)
Consequences of raising alarm	Impact on client's family relationships	"…my client wouldn't see anything wrong with her son…" (Care manager assistant - LS18. 248-249)
		"So it's difficult for anybody really I would say to be able to go in and make any judgement on that family even though you know it's her family and she doesn't want it so how would you put that in a policy?" (Client services manager - DS13.262-264)
Consequences of raising alarm	Impact on client's family relationships	"... how can you guarantee … the safety of their finances? Because they still have to trust somebody … there's never going any fool proof system especially if your own family members are abusing, what do you do?" (Care manager - LS21. 391-393)
	Impact on working life	"A lot of homes say we have to be very careful like if one member of staff witnesses something against another often there could be bullying afterwards, often staff have to be separated out on different shifts stuff like that." (Adult protection co-ordinator - DS15. 267-270)
		"...you don't want to go ahead and report it because it is at first just a suspicion, but when it, because you know it will kind of …it will break up the unit of the team so you'll feel that'll be the last thing you'd want to do." (Senior support worker - DS23. 126-128)

Table 5.9 (Continued): Features that can make decision making difficult

Category	Sub category	Quote
Identifying financial elder abuse	Identifying that abuse is occurring	"...you can only identify if you've got any evidence. You know I mean how else would you know?" (Care manager - LS21. 377-378)
		"...but I think in many ways it's very difficult to prove financial abuse especially if the person that is being abused doesn't use the word that it's financial abuse." (Client services manager - DS13. 174-176)
	Deciding what constitutes abuse	"...you're not just asking what's financial abuse, but you're actually asking what's abuse…" (Safeguarding vulnerable adults co-ordinator - LS17. 69-70)
Work environment	Lack of resources and support	"Adult protection is urgent so you kind of have to drop everything else … you have to drop everything else to deal with so then people get very behind with their other work." (Adult protection co-ordinator - DS15.219-221)
		"It used to be once every six months we used to out and review the clients and I think now it's about once a year, so what is going on a day to day basis we rely on the carers you know…" (Care manager - LS21. 100-102)
	Job role responsibility	"...there was confusion between the support worker, the support provider and the NHS trust staff really, the care manager." (Supporting people manager - MS3. 34-35)
		"…if you're a carer and you're going in and you're seeing that this neighbour is taking advantage erm, the younger carer might possibly mistake that as the neighbour being so helpful. A mature carer would look at it and I think 'I don't know'…" (Domiciliary care manager - DS2. 154-157)

The next section considers factors than can make decision making easier for social care professionals.

What are the case features that can make decision making easier?

Professionals identified three key examples of factors that made decision easier, which are illustrated in Table 5.10 below. Appendix 5.6 shows the stages of analysis refinement including overall analysis by MD, followed by group level validation.

Table 5.10: Factors that can make decision making easier

Category	Quote
Effective line management	"But sometimes with the informal first strategy meeting with my manager to see how - is very much worthwhile because you're given your instructions so to speak." (Assistant care manager - MS10. 345-346)
Training to identify and act where abuse is suspected	"[I] Obviously oversee the training, making sure that all the carers are aware of anything from moving and handling to adult abuse." (Domiciliary care manager - DS2. 7-8)
	"So if people can relate to a little story, 'oh there was a lady or a gentleman and this and this happened to them' it makes it more real." (Supporting people manager - MS3. 369-370)
Clear and transparent procedures to respond to suspected abuse	"If we get legislation that would be great, about working together and giving it a bit more priority because without the legislation, without performance indicators etc. then it's not afforded the same level of priority as child protection." (Safeguarding adult manager - MS1. 549-551)
	"...it's making people understand their role and their part of that, whether or not there's legislation saying that if you're part of this you've got to then be involved." (Supporting people manager - MS3. 446-447)

The next section presents the results of Phase I interviews with health professionals about their experiences of cases of financial elder abuse.

5.2.2 Health professionals

What are the cues that raise suspicions of financial elder abuse?

Factors that raised health professionals suspicions of financial elder abuse were classified into four cues, which included (1) the 'identifier of abuse', (2) the 'financial problem suspected', (3) the elder's 'physical capacity' and (4) the elder's 'mental capacity'. Table 5.11 provides operational definitions of each cue-category.

Table 5.11: The cues of financial elder abuse for health professionals

Cue	Category	Operational definition
Identifier of abuse	Directly observed	Where the individual themselves noticed signs of financial abuse.
	Reported	Suspected abuse reported by third parties including the older persons family and friends.
Financial problem suspected	Stealing from the home or person	Possessions taken directly from the home or person, such as taking money from a cash point card, and giving incorrect change from shopping.
	Anomalies between finances and living conditions	Poor provision of day-to-day necessities such as food, clothes or heating, regardless of an individual's wealth.
	Unknown befrienders or rogue traders	Individuals who seek out older people and develop a relationship (personal or professional) for some form of financial gain.
	Financial anomalies in accounts or bills	Where bank accounts show money missing, an unexpected overdraft or bills that have not been paid.
	Wills changed or gifts given under duress or deception	Items given under duress or deception.
	Misuse of power of attorney authority	Power of attorney authority obtained by deception or misused once in place.

Table 5.11 (Continued): The cues of financial elder abuse for health professionals

Cue	Category	Operational definition
Financial problem suspected	Family members acting to protect their inheritance	Suspected financial abuse by an older person's family member motivated by a desire to protect financial or property assets seen as future inheritance. This included trying to hide an older customer's assets.
Physical capacity		Health issues alerting the professional to concerns regarding financial elder abuse.
Mental capacity		The individuals mental capacity to make financial decisions increasing concerns regarding possible abuse.

This section provides quotations from the interviews to illustrate how each cue alerted professionals' suspicions of financial elder abuse. Findings for this research question drawn from individual analysis by MD are presented in Appendix 5.7. At the end of this section, an additional cue relating to the person suspected of committing the financial abuse is considered (presence of learning disabilities). The cue was identified in individual analysis by PhD student MD. This cue was unique to one critical incident, and was therefore not considered a key cue of financial abuse.

(1) Identifier of abuse

In the majority of the critical incidents it was the health professional themselves who became suspicious that an older patient may be being financially abused, but some cases were reported by third parties. Table 5.12 provides examples of instances of abuse directly observed as well as a reported case.

Table 5.12: Financial abuse cue – Identifier of abuse

Cue	Category	Quote
Identifier of abuse	Directly observed	"… I had gone to visit this lady and the minute I walked into her house it was…very cold … When I asked her about it she said she couldn't afford to put the heating on. I asked her if she was alright financially and she said that her nephew took care of everything. That raised immediate concern with me because I thought well why is this lady sitting in a cold room … is he taking care of her?" (OT - DH6. 119-125)
		"... we are sort of a holistic person …who knows an awful lot about them ... the combination of their physical and psychological health, social things impact hugely and if you don't have a picture … It's difficult to know how to help …finances clearly come into that..." (GP - MH8. 310-313)
	Reported	"...the information I had was second hand, and information I had was from [someone who was] one of my patients already which was difficult." (GP - MH5. 181-182)

(2) Financial problem suspected

Health care professionals' identified particular financial circumstances that made them suspect that abuse may be taking place. Instances of the different financial problems encountered by health care professionals are reviewed in Table 5.13.

Table 5.13: Financial elder abuse cue – Financial problem suspected

Cue	Category	Quote
Financial problem suspected	Stealing from the home or person	"…the client said that one of the drivers had visited her that day which was a day she wasn't due to be here, and that he'd taken money from her purse … she believed he'd taken £40" (OT - LH11. 290-292)
	Anomalies between finances and living conditions	"...seeing a patient who clearly couldn't cope, who clearly was becoming more and more demented, the place was filthy…" (GP - MH13. 40-41)
		"...the fact that the family hadn't been providing money for the person to use in the care home…" (OT - MH18. 42-43)
		"...it became apparent to me that part of the limitations of the options was based on the fact that he didn't want to use the finances." (GP - MH5. 42-43)
	Unknown befrienders or rogue traders	"…I find it slightly unusual … because he's been living with her for quite a long time. I'm not actually sure how he came to live with her... erm and he's never paid her rent so I don't think he's ever contributed in the financial sense…" (GP - MH8. 174-176)

Table 5.13 (Continued): Financial elder abuse cue – Financial problem suspected

Cue	Category	Quote
Financial problem suspected	Unknown befrienders or rogue traders	"…that developed into loans, so she sort of knew that these people, these people were on first name terms with her, very pally, very friendly, moved out but the loans were still there…" (GP - MH5. 166-168)
		"…I have had examples where people have known perfectly well that they are being slightly taken advantage of, but the benefit to them for having x around, is greater." (GP - MH13. 283-285)
	Financial anomalies in accounts or bills	"…there are occasions you know where people are reluctant to give you that information and that is of concern." (OT - MH19. 274-275)
	Wills changed or gifts given under duress or deception	"...he wanted me to witness a new will that she was making… I refused to …" (GP - MH13. 201-202)
		"I was working with this lady … she'd given her granddaughter £2000 towards buying a new car because her granddaughter said that if she had a car she would take the lady out shopping and socialising regularly. And then the lady told us that her granddaughter, of what she'd given her the money, took her car- rarely sort of took her anywhere and she wasn't happy …" (OT - DH4. 43-48)
	Misuse of Power of Attorney authority	"… her daughter in law had came with all this paperwork and asked her to sign documents…well no..she told her to sign documents and she didn't fully understand what they were for. She was concerned that she had handed over control of her finances to her daughter in law and that she felt that she had been forced into the situation and didn't know what to do about it." (Nurse - DH12. 25-29)
	Family members acting to protect their inheritance	"A lot of the premises around here are worth an absolute fortune… if you sell them and free up the funds for nursing homes then whoever is the beneficiary wouldn't get it, and of course it would go on increasing in value as property has around here. So I suppose that's one of the most prevalent problems actually." (GP - MH13. 30-34)
		"Her son … refused for her to go into care even though she was saying 'look I just don't feel I can cope', but not being able to express herself; she was losing her language by this stage. So I would consider that abuse because you know, although clearly she wasn't able to do things, her son wasn't giving permission for her to go into care or for her home to be sold because it was his inheritance…" (OT - DH2.30-34)

Table 5.13 (Continued): Financial elder abuse cue – Financial problem suspected

Cue	Category	Quote
Financial problem suspected	Family members acting to protect their inheritance	"...the other sort of area where it can be difficult is when perhaps people have persuaded older people to sell their family houses, or their accommodation … and put in the money so that the family buys a nice big house somewhere else really … I can understand the pressure on that, but it can be a disaster." (GP - MH13. 143-147)

(3) Physical capacity

The health professional role meant that the older person's state of health was the primary reason for their contact, but it could also raise concerns of other issues such as abuse. Table 5.14 shows examples as to how the individual's physical capacity raised the professionals concerns about financial abuse.

Table 5.14: Financial elder abuse cue – Physical capacity

Cue	Quote
Physical capacity	"…it came to my attention because she was becoming increasingly confused and was unwell, and had an urine infection so she was visited at home…" (GP - MH5. 38-40)
	"…the lady had a heart attack and her health had deteriorated somewhat. She was very dependent on others. She had poor mobility and it was clear that she required assistance from care services. When I informed the daughter of this she was none too happy. The first thing she said was 'well – we're not paying for it…'" (OT - DH6. 57-60)

(4) Mental capacity

Health professionals evaluated mental capacity informally as part of the general patient consultation, and were also asked by social services to be involved in formal assessment of mental capacity. Table 5.15 gives examples of the health professionals' awareness of mental capacity as a cue of financial elder abuse.

Table 5.15: Financial elder abuse cue – Mental capacity

Cue	Category	Quote
Mental capacity	Involvement in mental capacity assessment	"...I had a call from social services to say that they had been told by the son … that she was dementing and not in control and wasn't in control of her own ability to spend money…" (GP - MH8. 240-242)
		"...first of all I would have to clarify things with the patient as much as I possibly could and work out whether the patient was mentally able" (GP - MH5. 238-240)

In the final section of results, a unique cue identified as part of analysis by MD is considered, relating to the individual suspected of carrying out the abuse.

Suspected abuse by an individual with learning disabilities

One of the critical incidents described by an occupational therapist involved an older man who reported that he thought money was being taken by his carer, who was also not letting him have access to his bank records. A cue reported as raising suspicions in this case was the fact that the carer had learning disabilities:

> *"To add to the difficulty… the carer, who, as I say, seemed very caring, had kind of had mild learning difficulties herself."* (MH19. 142-145)

It seemed that the main reason the carer's learning disabilities aroused suspicion was that the carer needed help to manage their own finances, but was supporting someone else to deal with financial issues.

> *"…it would have been another raised flag, you know, the idea that the carer herself had a little bit of difficulty and needed a little bit of support from people to kind of manage her own routine and finances…"* (MH19. 156-158)

The next section goes on to look at the results emerging from the data when considering decisions that have to be made when financial abuse is suspected.

What are the decisions that have to be made when financial abuse is suspected?

Analysis identified a distinction between the decision making processes followed by different job roles represented within the health professional participant group. Decision making in cases of suspected financial abuse as described by GP's and district and community nurses will be considered firstly, before discussion of how this differs from how occupational therapists talked about decision making. Figure 5.2 below, illustrates the sorts of decisions health professionals including GP's have to make when financial abuse of an older patient is suspected, and options that might be taken.

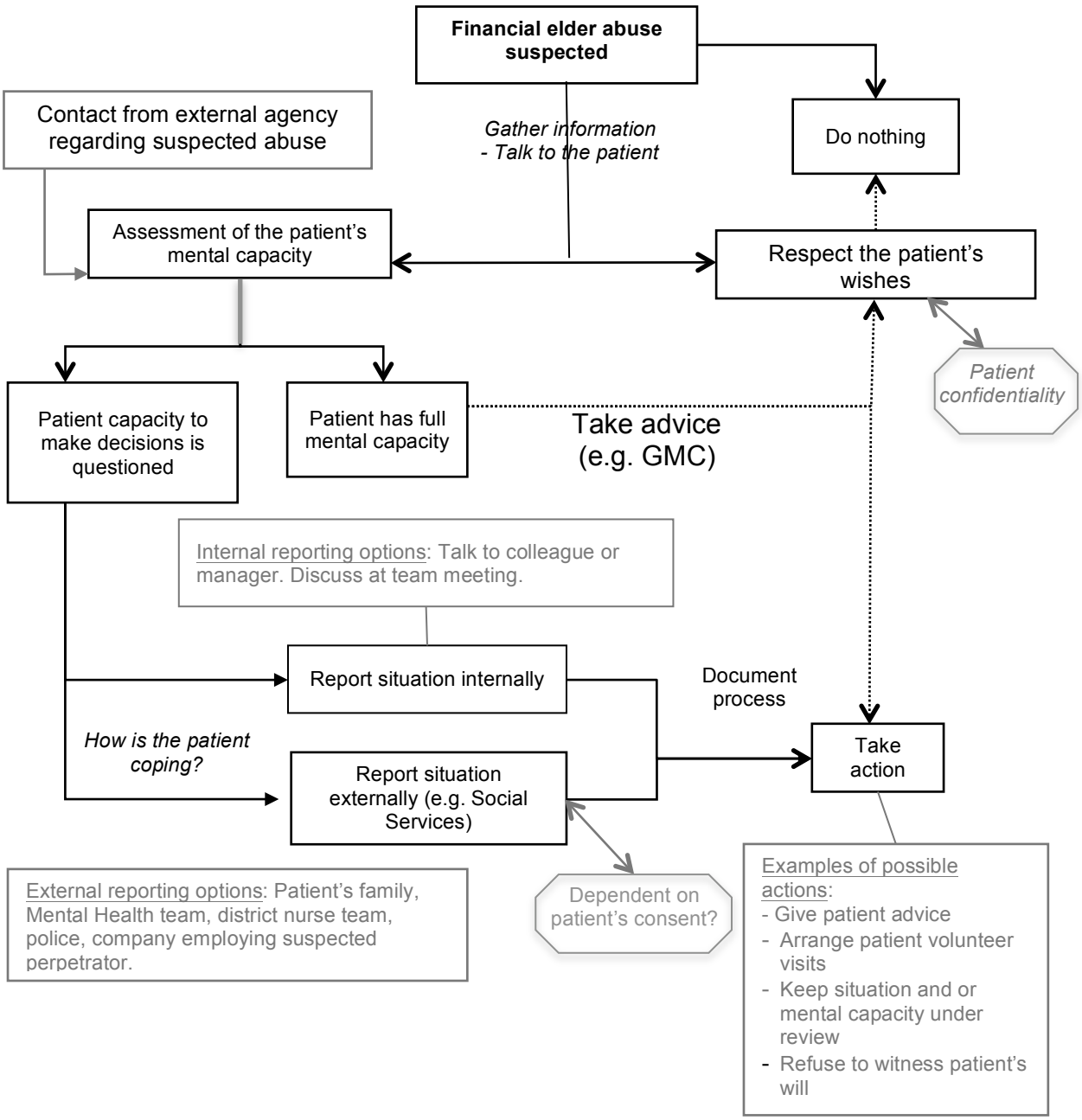

Figure 5.2: Decisions made by GP's, and district/community nurses when financial elder abuse is suspected

In Table 5.16 below, quotations are provided to illustrate the sorts of decisions and options considered by GP's and nurses in response to suspected financial elder abuse.

Table 5.16: Examples of decisions made by health professionals in cases of suspected financial elder abuse

Decision	Detail	Quote
Gather information	Talk to the patient	"…well I didn't do anything because that was Mrs X's decision. I raised my concern that she was being taken advantage of and while she accepted that, she didn't want to lose contact with her grandson." (Nurse - DH16. 76-78)
		"I made it clear that I too wasn't happy with the situation and would she like me to report it to the police." (Nurse - DH12. 63-65)
Assessment of the patient's mental capacity		"If the person wasn't mentally able then I would possibly get the involvement of the mental health care team, the psychiatrist obviously definitely social workers in both cases" (GP - MH5. 242-244)
		"…I mean she's a fragile frail lady but there's absolutely no way she hasn't got the capacity to make her own decisions." (GP - MH8. 257-259)
Report situation internally		"I: So you didn't raise the concern with any colleagues or..? R: No because that would be breaching patient confidentiality... I mean I did speak to a fellow colleague who is a good friend of mine but I didn't report it as a concern. Whether that was the right decision I made, I don't know but that's what I did." (Nurse - DH16. 82-86)
		"…I did go back and speak with a colleague who advised me to raise my concerns at our meeting which was the following day, which I did." (Nurse - DH12. 74-75)
		"…in a busy practice with lots of patients you can find that you're the one who's seeing that patient all the time because they get to know you. But sometimes someone else might … know some information that you don't know that might not be documented and say actually 'hold on that's not right, that's not the way it is'. So also just to highlight other people's awareness so that if other things come to light they are attuned to it." (GP - MH5. 254-259)
Report situation externally		" I basically contacted the social workers and contacted the district nursing team… I got the social workers involved to try and go through all the free options that were available " (GP - MH5. 62-65).
		"He agreed that we should contact the police. I stayed with him until the police arrived and I also contacted the practice to let them know what had happened. We also liaised with social services and they informed the company who employed this carer." (Nurse - DH15. 70-73)

In the next section, results are presented to highlight distinctions between how occupational therapists and GP's and nurses discuss decision making in cases of suspected financial elder abuse.

Decision making by occupational therapists

The decision making process followed by occupational therapists in cases of suspected financial abuse seemed to be more similar to the stages outlined by social care professionals than GPs and nurses. Occupational therapists referred to many of the same formal processes as social care professionals when discussing actions in response to suspected abuse. The following quotation was from an occupational therapist, who directly referenced following the safeguarding adult's procedure when financial abuse was encountered:

> *"…we went immediately into safeguarding adult's procedures…"*
> (LH11. 313)

In the same way that social care professionals discussed who should be involved in the response to cases of suspected abuse, occupational therapists also identified different professionals who might play a part, and the nature of working together to establish what was in the individual's best interest:

> *"...we were having a multidisciplinary case conference where it was OTs, consultant nurses, social workers and physios, and we were sort of discussing this person's care and you know, what's going to happen, what's the next step in her care?"* (MH20. 144-147)

Occupational therapists were more likely than GPs to take advice from third parties where they had concerns of abuse. In a case where an older person's family were refusing to make adaptations to the property for her health needs after she had signed the house over to them, the occupational therapist phoned the community occupational therapist for advice on action to take:

> *"...what we actually did was- just because it was about making adaptations we phoned one of the local community OTs initially just to say you know what can we do in these circumstances?"* (MH19. 342-344)

Although occupational therapists decision making mirrored the social care process steps, there were some aspects undertaken specifically by the occupational therapist due to the nature of their job role and expertise. This included working with older people and their families to assess ongoing health needs and explaining these needs to different parties. In some instances this was necessary where family members had withheld money needed to increase the level of support for the older person:

> *"...if it was the family who had power of attorney, increase their understanding of what the person's care needs are. So perhaps they have a review with the care service there so that they can explain that you know, maybe the person's needing more help than previously had done."* (MH18. 85-88)

In the following section, features identified as making decision making difficult in cases of suspected financial abuse are considered.

What are the case features that can make decision making difficult?

Findings for this research question drawn from individual analysis by MD are presented in Appendix 5.8. Case features that were reported as making it difficult to know what to do when financial elder abuse was suspected were classified into four categories, (1) aspects of the job role (2) perception that nothing can be done about financial abuse (3) the possible risks of getting involved (4) issues related to formal process and procedure. Table 5.17 provides quotations to illustrate each of these aspects in turn.

Table 5.17: What are the features that make decisions difficult?

Category	Sub category	Quote
Aspects of the job role	Maintaining patient confidentiality	"...I mean clearly the first thing is that we … observe absolutely strict confidentiality … nothing about this would change." (GP - MH8. 291-293)
		"...I've opened the dialogue with regards whether she wants to talk about it or do anything more about it and she specifically doesn't…" (GP - MH8. 143-144)
		"...my obligation is to her as my patient entirely and only. And erm, I mean she's a fragile frail lady but there's absolutely no way she hasn't got the capacity to make her own decisions." (GP - MH8. 257-259)
	Dealing with finances is not part of the job role	"...another aspect is I mean we're GPs, we're medical doctors, we're not sort of financial advisors and you know a person's finances are not really any of our business." (GP - MH5. 278-279)
		"I mean I wouldn't really have thought of dealing with financial situations as really part of my nursing role" (Nurse - DH14. 106-107)
	Limited time with patients	"…I think you need to start from the way we're seeing people erm, we're seeing people generally for fairly short consultations…" (GP - MH8. 385-386)
	Hard to ask people about finances	"...people's finances are quite personal, and also people get a bit embarrassed about you know, what they're handing over to other people and why they're handing it over…it's almost implying that they're not able to manage their own affairs, so to a degree you're undermining somebody by sort of questioning them." (GP - MH5. 274-278)
	Need to retain access to the patient	"you have to feel that you've got access and essentially he is the point of access so you have to tread carefully" (GP - MH5. 110-111)
		"It's very difficult because you want to keep the son on good terms with you because you want him to be able to voice his frustrations, his irritation erm, and his cries for help or assistance without feeling that you're checking on him and monitoring him and accusing him." (GP - MH5. 107-109)
Perception that nothing can be done about financial abuse	Decision making is not clear-cut	"…sometimes you sort of feel that you know what the person needs but there's just not enough of those of facilities and … you can see a solution but in fact there's no solution, all you've done is aired a problem, aired a gaping hole really." (GP - MH5. 132-134)

Table 5.17 (Continued): What are the features that make decisions difficult?

Category	Sub category	Quote
Perception that nothing can be done about financial abuse	Have to respect the patient's wishes	"It was very frustrating because we felt that this lady really was abusing him and actually he was actually letting her do that and understanding that she was doing it" (OT - LH11. 133-135)
		"…I mean if it's someone of sound mind who flags this as an issue and perhaps recognises it and you chat to them about it and they want to do no more, then very much it's very difficult to do that." (GP - MH8. 295-297)
	If there is holder of a power of attorney, taking action is difficult	"…if prior arrangements have been made, then it's very, very difficult…I think is it's a time-bomb waiting to happen. A lot of people have done this because a lot of lawyers have encouraged people to do this. When it is evoked, there is absolutely no rules as to how and what should happen then…" (GP - MH13. 80-84)
	Hard to act based on second hand information	"…so the problems I had really was that I didn't want to cause too much upset for something that I hadn't witnessed myself…" (GP - MH5. 207-208)
	No available options	"I think it's just that the fact that there isn't really anything you can do at the moment." (OT - LH9. 285-286)
The possible risks of getting involved	Negative consequences for the older person	"…you might feel that they may then be quite unpleasant to the elderly person who might be living alone." (GP - MH5. 291-292)
	Risks to personal safety	"…the person who's the abuser might be doing it to other people and erm, obviously not a particularly nice person to be doing it in the first place and you don't necessarily want to get on the wrong side of a particularly unpleasant person, so you might be worried about repercussions." (GP - MH5. 288-291)
Issues related to formal process and procedure	Inconsistency in legislative protection of different groups at risk of abuse	"…we can't force the issue apparently by law, I find that really appalling. The Children Act would give more protection than it does for vulnerable adults…" (OT - DH2. 73-75)
	Not aware of local or national elder abuse guidance	"I think the trust has a policy erm... (shrugs shoulders) I: But you're not fully aware of it? R: I'm not, no I'm not fully aware of it erm, [I] probably should be more aware of it." (OT - DH4. 114-118)
		"I wasn't exactly sure what to do and that's an uncomfortable position to be in when someone is confiding in you so it is important that we do have some policy in practice." (GP - DH17. 115-116)

Table 5.17 (Continued): What are the features that make decisions difficult?

Category	Sub category	Quote
Issues related to formal process and procedure	Decision making in cases of limited mental capacity	"The question mark for me was whether there was a judgement issue and that was where it got really difficult because actually I felt the fact that she's already taken five thousand pounds was a little bit more than just being a bit naughty... But the feedback from the ex-wife was that that was his character … he would have let people probably take advantage of him in ways that other people might not...a decision was made that we couldn't override him because he had capacity " (OT - LH11. 111-116)

What are the case features that can make decision making easier?

Findings for this research question drawn from individual analysis by MD are presented in Appendix 5.9. Table 5.18 addresses findings emerging from the overall analysis in relation to what would make decision making easier.

Table 5.18: What are the features that make decision making easier?

Category	Quote
Cases where no holder of power of attorney has been appointed	"If they haven't got some of these arrangements in place, then it's slightly easier, because then you can get the court of protection, involved, and the relatives can challenge that, but then they have to do something about it…" (GP - MH13. 73-75)
Good working relationships with local agencies	"I have to say our safeguarding adults lady is very knowledgeable and has been really helpful in a number of quite complex situations where she's helped us sort of tease it out a bit and again break down the kind of, well in order to decide whether this is safeguarding we probably need to do this this and this…" (OT - LH11. 190-193)
Raising awareness of financial elder abuse	"...a campaign of awareness, you know a poster … Something visual, something that people look at it and think what's that about? And then it could be followed up with … something on email or … perhaps some leaflets." (GP - MH5. 306-310)
Identified contacts in other agencies	"It was better before because the consultant who works for our patch was a good mate, and you could ring her up and she would come and do stuff. It's now becoming harder to do that…" (GP - MH13. 96-98)
Being able to involve the individual's family	"I think she's got a relative- distant relative, I would have liked to have encouraged her to Inform that person, obviously I wouldn't be able to inform them myself." (GP - MH5. 215-217)

The following section presents the results of Phase I research with banking professionals.

5.2.3 Banking professionals

The first section identifies the cues in each critical incident that raised banking professionals' suspicions that financial elder abuse may be taking place.

What are the cues that raise suspicions of financial elder abuse?

The three cues used by banking professionals to identify suspected financial elder abuse included (1) 'who is in charge of the older person's money?', (2) the person who reported the abuse: the 'identifier of abuse' and (3) the nature of the 'financial problem suspected'. Table 5.19 below provides operational definitions of each cue-category.

Table 5.19: The cues of financial elder abuse for banking professionals

Cue	Category	Operational definition
Who is in charge of the older persons money?	Independent management	Where the older person in charge of their own finances.
	Third party	A holder of lasting power of attorney, or third party signatory in charge of the account.
Identifier of abuse	Directly observed	Where the individual themselves noticed signs of financial abuse.
	Reported	Suspected abuse reported by third parties including the older person's family and friends, paid carers and members of front line banking staff.

Table 5.19 (Continued): The cues of financial elder abuse for banking professionals

Cue	Category	Operational definition
Financial problem suspected	Financial anomalies in accounts	Customers asking for an unusually large cash withdrawal, or a large amount spread over multiple withdrawals.
	Suspicious third party with the customer	A third party whose involvement in the older customer's financial affairs arouses suspicion, such as a befriender, or rogue trader.
	Well-recognised scams	Examples included where builders or workman were found to be overcharging, and cases where customers believed they had won a cash prize and needed to send money to make a claim.
	Change to banking routine	Customer behaviour considered to be out of the ordinary, such as visiting the bank at an unusual time of day.
	Family members acting to protect their inheritance	Suspected financial abuse by an older person's family member motivated by a desire to protect financial or property assets seen as future inheritance. This included trying to hide an older customer's assets.

This section summarises how each cue triggered banking professionals' suspicions of financial elder abuse using illustrative quotations from the participant interviews. Analysis in relation to this research question conducted by MD can be found in Appendix 5.10.

(1) Who is in charge of the older person's money?

In a number of the critical incidents, the older person was independently managing their own finances, whereas in other occasions they were receiving some form of support. Table 5.20 illustrates the impact of who was in charge of the older person's money on professionals concerns of financial elder abuse.

Table 5.20: Financial abuse cue 'Who is in charge of the money?'

Cue	Category	Quote
Who is in charge of the money?	Independent management	"she's I suppose classed as independent, and like any young and coherent … human being … she's ok to look after her own affairs." (Financial crime investigator - MB19. 131-133)
	Third party	"she feels more and more reliant on advice from third parties .... She's also become less mobile which has made her less able to get out to do any shopping for herself and indeed get to the bank to get any cash, so she's relying on the care home to cash cheques" (Investment manager - LB1. 26-29)
		"...our preference here, and I think you'll probably find the preference of most societies is to try and obtain something formal, along the lines of either a power of attorney or a court of protection." (Financial crime investigator - MB13. 294-296)

(2) Identifier of abuse

Critical incidents of suspected financial elder abuse were identified by the participant themselves in some cases, and were reported to them by third parties in other instances. Table 5.21 provides quotations to illustrate incidents of financial elder abuse identified by different sources.

Table 5.21: Financial abuse cue: the source of identification of the abuse

Cue	Category	Quote
Identifier	Directly identified	"she came into the branch and said to me "oh I'm having a satellite fitted" and I thought an elderly person…in her seventies and the radar just flags up straight away, what does a seventy year old lady want with Sky?" (Cashier - LB5. 47-49)
	Reported	"If it hadn't been for this vigilant cashier pushing this then there would- she probably would have got away with the whole lot and nobody would have been any the wiser because the lady suffered from Alzheimer's" (Financial crime manager - MB15. 318-320)

(3) Financial problem suspected

Five categories of financial problems were identified across the critical incidents described by banking professionals. Table 5.22 provides quotations to illustrate each of the categories of financial problem encountered by banking professionals.

Table 5.22: Financial abuse cue: Financial problem suspected

Cue	Category	Quote
Financial problem suspected	Financial anomalies in accounts	"...an elderly person came to one of our branch offices with their daughter to get her building society savings passbook made up with interest, and when the staff checked on the computer the account had been closed and the lady said she had no recollection of having closed this account…" (Financial crime manager - MB15. 34-37)
	Suspicious third party with the customer	"he's out of hospital and he's come out to find that the lady [who] was lodging with him has taken all his money…she was supposed to be moving money around for him from bank to bank to make sure his bills were paid, and she hasn't…" (Branch manager - LB2. 22-25)
		"when they [builders] took him into the second branch, it was clear that the account hadn't been used for some time and there was a large withdrawal being made to a third party, which the cashier then started to make enquiries" (Financial crime investigator - MB13. 111-114)
	Well-recognised scams	"...what triggered the suspicion in the second transaction was that the customer said it was for loft insulation, but the amount of the cheque was over 40,000 pounds..." (Financial crime investigator - MB13. 126-128)
		"She's been sending over 20-pounds at a time in cash…She has been withdrawing a fairly large amount of her account with ourselves, £5000 pounds ... We've asked her a bit more about it, and she believes that she's entitled to this three million pounds." (Financial crime investigator - MB19. 28-32)
	Change to banking routine	"the fact that I hadn't seen the customer for a few weeks triggered my concern. She had the same routine for as long as I have worked there and that suddenly changed...so that worried me" (Cashier - DB20. 65-67)
	Family members acting to protect their inheritance	"…she wanted to hide potential inheritance...to me I felt she was trying to protect her inheritance rather than putting her mother first so to speak… because I have heard that so many times...it immediately raised a question mark in my head and to me this was suspected financial abuse" (Investment manager - DB11. 162-165)

The next section explores decisions made by banking professionals when they suspected financial abuse of an older customer.

What are the decisions that have to be made when financial abuse is suspected?

The decision pathway arising from the critical incident data is shown in Figure 5.3. The top left box of the diagram represents the point at which abuse is first suspected by the banking professional. The arrows from each box link to different actions that

can be taken at each stage of decision making. Where necessary, further details are provided in supplementary information boxed linked to each decision. The dotted line denotes a change from informal to formal decision making.

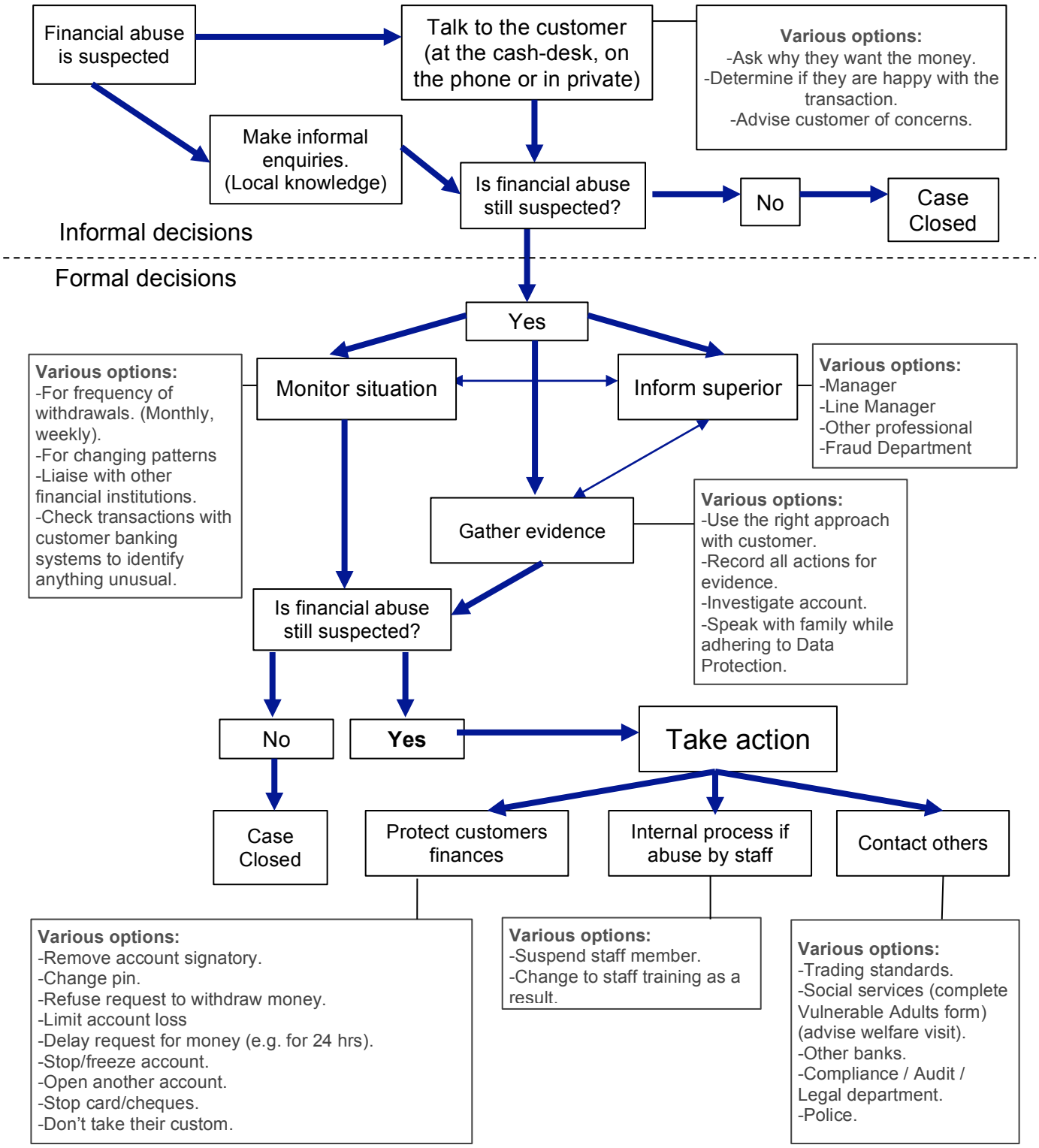

Figure 5.3: Decisions made by banking professionals in cases of suspected financial elder abuse

Table 5.23 provides example quotations from banking professionals to illustrate some of the key decisions made where financial elder abuse was suspected.

Table 5.23: Examples of decisions made by banking professionals in cases of suspected financial elder abuse

Decision	Quote
Whether to question the customer	"...what we do in these particular instances, we, we try and make discrete enquiries in conversation just to establish the purpose of the transaction you know, why the cash or the cheque is needed." (Financial crime investigator - MB13. 114-116)
Whether to inform superior	"I think the most important decisions would probably be for me, having to go to my line manager to say look we can't let this woman access the account" (Customer advisor - DB9. 127-128)
Whether to take action	"I think stopping any more financial transactions. You know, we have to make sure the customers finances are safe first and foremost and then decide how to deal with the situation. How do we get the money back or who do we report it to…" (Cashier - DB20. 153-155)
	"We can't stop them having the money because, well we can't obviously it's their money so we have to continue to let it go but we will monitor the account and as I say we'll try and speak to them as well." (Financial crime officer - MB14. 319-321)

The next section addresses the difficulties professionals identified with making decisions in cases of suspected abuse.

What are the case features that can make decision making difficult?

Banking professionals talked about various features of situations where financial elder abuse was suspected that could make decision making difficult. Findings from individual analysis by MD in relation to decision making difficulties are reported in Appendix 5.11. Four key difficulties identified included (1) the perceived consequences of action, (2) whether it was possible to take any action, (3) working with external agencies and (4) physically identifying financial elder abuse. These categories are outlined in Table 5.24 below using illustrative quotations from the banking participant interviews.

Table 5.24: Difficulties of taking action in cases of suspected financial elder abuse

Category	Sub category	Quote
The perceived consequences of action	Loss of customers business	"Obviously the repercussions for us, that she may no longer do any business with us…" (Financial crime investigator - MB19. 47-48)
	Making the situation worse for the older person if mistaken	"we didn't know whether his daughter was trying to help or whether she was just kind of taking money off him" (Customer advisor - DB7. 27-28)
Whether it was possible to take action	Protecting customers confidentiality	"…without authority or any kind of permission to speak to the family. I don't think we'd be in a position to do that." (Financial crime investigator - MB19. 88-89)
	Prosecution not possible	"...we couldn't- literally couldn't go any further. We would want the police to take action, but based on the elderly people not being able to be witnesses, that wasn't sort of viable." (Financial crime officer - MB14. 107-109)
Working with external agencies	Lack of sensitivity	"…we have had occasions where we've had local policeman gone in with his size 12 feet and … said 'the local bank have told us you're withdrawing out loads of cash can you tell us what it's for?' and of course family then get quite irate…" (Financial crime officer - MB14. 415-418)
	Difficult to share information	"…you do feel really sorry for these people because at the end of day the bank can't do anything…all I could do was work out how much had gone, help him and sort out his finances, what we did do as well, it's difficult between banks because you're not supposed to divulge anything [with] data protection and everything…" (Branch manager - LB2. 69-75)
Physically identifying financial elder abuse	Customer denies abuse	"...if the customer that you are dealing with is absolutely convinced in their own mind that everything is hunky dory and is all right, and the branch just has suspicions, you know at the end of the day, we have to respect our customers – it's their money and their right to do whatever they want." (Financial crime investigator - MB13. 226-229)
	Determining if the customer has sufficient mental capacity to make financial decisions	"you don't know whether the customer's just completely lost it because he has got something [like] Dementia, … maybe he's just getting confused, or whether or not they genuinely had taken his money and were genuinely kind of stuck" (Bank manager - DB10. 244-247)

The last section of the results considers what would make decision making easier for banking professionals. Findings from analysis of the sub-set of banking interviews by MD to identify factors that could make decision making easier is reported in Appendix 5.12.

What are the case features that can make decision making easier?

A number of participants said that having specific guidelines for how to deal with suspected financial elder abuse would make it easier for them to take decisive action. The quotation below was from a customer advisor:

> *"..if there was something set in stone, that says this is what you need to do, and this is what you can do within your own powers kind of thing"* (DB7. 96-98)

It was also said that improving how different agencies work together would help the situation. The following quotation was from a financial crimes investigator discussing how having contacts in other agencies was helpful:

> *"…contact details also useful, … when to contact the police, when to contact social services, when to maybe just kind of monitor for a while things like that. Yeah contacts would be great"* (MB19. 247-249)

In the next section the results across the three professional groups are discussed in more detail, finishing with consideration of how they will inform Phase II of the research.

5.3 Discussion

Phase I findings for social care, health and banking professionals are discussed at an overall level in order to consider the similarities and differences between the professional groups.

What are the cues that raise suspicions of financial elder abuse?

Analysis identified two shared cues that raised suspicions of financial elder abuse across the three professional groups. These included the person who identified the abuse 'identifier of the abuse', and the nature of the 'financial problem suspected'. Social care and health professionals also considered the 'mental capacity' of the older person as a cue, and the health professionals used 'physical capacity' as a cue. Banking professionals independently considered 'who is in charge of the older person's money?' as a cue of financial elder abuse.

Identifier of abuse

The nature of who identified the abuse was a key cue for the social care professionals, as in the majority of cases, suspicions were reported by third parties, rather than identified by the individual themselves. A number of factors could explain the higher number of reported cases, such as limited resources affecting professionals' ability to identify cases directly. Social care professionals highlighted that their caseload meant that they were not able to be aware of what was going on everywhere, and so it was very important to be informed of suspicions relating to abuse from external sources. Previous research has cited the impact of resource constraints on the ability to act in cases of elder abuse (Wilson, 2002). The current research suggests that resource constraints also impact on how likely abuse is to be initially identified.

An additional factor could be that social care professionals are reliant on other people reporting suspicions to them because they do not actively review financial and asset management practices as part of their assessment of older people (Wilson et al., 2009). The emphasis on third party reporting is particularly interesting in the context of previous research that has questioned the reliability professionals place on information regarding elder neglect assessment that was not made by the professional directly (Fulmer et al., 2003). It may also be that the higher number of reported cases reflects that for other professionals, as well as family and older people themselves, calling social services is the central course of action in cases of suspected financial abuse. Given the identified role of the social care sector as the lead agency in developing a response to abuse (DH, 2000), this aspect of the results could be a reflection of the success with which this role has been established.

Consideration of where the reports of abuse came from also highlights where detection or rates of reporting are particularly low. In the incident examples described by social care professionals, only one case was reported by a health professional. Although this research was not designed to draw conclusions comparing the source of abuse referrals, it would be interesting in Phase II of research to see if reports of abuse from certain groups were seen as more likely to indicate abuse and necessitate action.

For the health professionals, in the majority of the critical incidents discussed, they identified the suspected abuse themselves. Some of the health professionals said that they had been seeing the older person in a health care capacity for many years. This resulted in knowledge being built up of that person over time that enabled them to identify changes that suggest abuse.

For the banking professionals, the importance of who identified the abuse highlights the role of front line staff such as cashiers in abuse detection as they deal directly with older customers. Front line banking staff in many cases had a high level of knowledge of customer habits such as when customers tended to visit the branch each week, and how much money they normal withdrew. The limitation of this is that it may miss more sophisticated cases that are not apparent from the customer's banking patterns. It also suggests that newly employed banking staff may miss abuse, as they do not have the necessary experience to determine behaviour that is out of the ordinary.

Financial problem suspected

The critical incidents involved a range of financial problems, which in many cases were the key cue in raising professionals' suspicions that abuse may be taking place. A number of the categories mirrored examples provided in definitions of what constituted financial abuse, such as the category 'stealing from the home or person', and reference to theft in *No Secrets* (DH, 2000). Consideration of the relationship between living conditions, finances and financial abuse, echoes suggestions provided in previous reports on elder abuse. In Ireland, a report by the Department of Health and Children (DOHC) (2002) identified "Disparity between living conditions and assets" (DOHC, 2002, p. 73) as one indicator of financial abuse, although no

evidence was provided as to how this cue was selected. Assessment of how finances are reflected in living conditions is particularly important when considering that often multiple types of abuse co-occur (Mansell et al., 2009).

Certain categories of financial problem were of particular concern to social care professionals, but occurred with a low frequency across the critical incidents, such as cases involving an unknown befriender or rogue trader. There is limited evidence of the extent of the problem abuse by strangers such as befrienders or rogue traders presents. The most recent UK study to determine abuse prevalence, the UK study of abuse and neglect of older people (O'Keefe et al., 2007) did not measure this type of abuse. It is therefore difficult to establish the risk of this type of abuse and whether professionals were justified in their concern. For the health professionals, anomalies between finances and living conditions were a key concern, due to the potential effects of poor living conditions on an individual's health. Insufficient heating or food led to questions as to whether there was a financial explanation as to why the older person was not being properly looked after.

The number, and range of incidents of financial elder abuse identified by banking professionals supports the potential for abuse detection by such professionals as identified in previous literature (Lowndes et al., 2009), despite the role of the banking sector in financial elder abuse detection and prevention being a limited research area. Banking professionals talked about encountering different types of financial problems than the social care and health professionals. For instance, case involving well-recognised scams, and changes to banking routine were not identified as categories of financial problems by either the social care or health professionals.

Mental capacity

For the social care and health professionals, the influence of the older person's mental capacity on suspicion of financial abuse supports awareness of the associations between advancing age, declining mental capacity, and vulnerability to abuse (Wiglesworth et al., 2008).

Physical capacity

For the health professionals, the older person's state of health was the primary focus of their contact, but it could also raise concerns of other issues such as abuse. Similar to the suggestion by Lachs and Pillemer (1995), financial elder abuse was often detected on the basis of neglect as exhibited by general state of health.

Who is in charge of the older person's money?

Edmonds and Noble (2008) and Wilson et al. (2009) reported that there are more opportunities for financial elder abuse if an individual is not in independent control of their finances. Banking professionals' used knowledge of who is in charge of the older persons money as a cue of financial elder abuse, but this was because where customers were in charge of their own money the likelihood of abuse was almost not considered, as the emphasis was on customer service and fulfilling the customer's wishes. It was only in cases where there were signs that the individual was not able to make decisions about their own finances that concerns were raised. Where formal support was being provided to manage finances such as a third party signatory or an individual holding lasting power of attorney, this was primarily viewed as positive despite awareness of cases of abuse in such circumstances.

What are the decisions that have to be made when financial abuse is suspected?

When financial elder abuse was suspected, social care professionals had to make a series of decisions, and reported different options available to them in each instance. A number of the decisions mirrored those outlined in procedure guidelines about how abuse should be addressed (e.g. Association of Directors of Social Services, 2005), such as deciding whether the safeguarding process should be invoked in each instance. Given that the safeguarding adults process addresses all types of abuse, it would be expected to see similarities, such as an emphasis on assessment of mental capacity. In circumstances of suspected financial abuse this included capacity to make financial decisions, which was particularly important in cases where the abuse involved legal documents such as a will being drawn up, to ensure the wishes of the older person had been followed.

For the health professionals, the findings suggest that different decision making approaches were taken by different job roles. Occupational therapists tended to follow a similar approach to social care professionals, supporting the idea of an integrated approach to adult safeguarding as outlined in *No Secrets* (DH, 2000). GP's and nurses had less emphasis on the involvement of social services, which is in line with the observation in the *Safeguarding Adults* (DH, 2008) review that there is a disconnect between the approach taken by different sectors.

Given that a number of the occupational therapists interviewed worked within multi-disciplinary teams and were employed jointly by their local authority social services and the NHS, it may be expected that they would be more aware of the requirements and perspective of the social care system. This does suggest that where professionals from different sectors work together, a more similar approach may be adopted. GP's did report discussing concerns of possible abuse at practice meetings, which suggests that despite the fact that they were sometimes unsure about reporting cases externally, team discussion and support was seen as beneficial. It may be that involving social workers in this sort of meeting provides a useful connection between the two sectors.

Banking professionals' decision making initially followed informal steps, such as asking the customer general questions. This provided a chance to confirm or deny suspicions without making a direct record of concerns or referring the case to someone else. This highlights the importance of front line banking staff to both the identification of suspicious transactions and following up on concerns sensitively. In consultation with banking professionals when discussing the project, it was noted that in some banks, front line personnel are required to keep a record of the reason for transactions above a certain cash value. Despite this, across the critical incidents, the suspected financial abuse was not always at a level that would trigger the formal recording of reasons for the transaction, and staff still decided to investigate.

Although banking professionals did not talk specifically in terms of the customer's mental capacity as a cue, decisions made by banking professionals were affected by the mental capacity of the older person in a number of respects. Where the older person's mental capacity was in doubt, this sometimes led to questions as to whether the situation was abusive or just a mistake due to general confusion. Professionals also said that cases sometimes could not be followed up due to the older person's

mental capacity, as the police would not consider the person to be a good witness in court.

What are the features that make decisions difficult?

There were a number of similarities between the difficulties associated with decision making that were identified by social care and health professionals. For instance, both social care and health professionals discussed the challenges associated with assessment of an older person's mental capacity. Even when an older person was assessed as not having sufficient mental capacity to make decisions about their finances, their wishes still had to be considered when decision making (Donovan & Regehr, 2010). Discussions with a social care professional on the NDA project board team suggested a number of complex issues surrounding mental capacity assessment. Capacity has to be considered in relation to the particular decision being made rather than as a unified assessment. It also has to be reviewed at different time points, as it may fluctuate

For the social care professionals, cases of abuse involving an older person with limited mental capacity were seen to be restricted in terms of taking legal action, as the case was unlikely to be taken on by the police. If the older person was confused or had a poor memory, they would be viewed as unreliable witnesses as it would be difficult to prove the case details. There was a suggestion that the police were only interested in cases where there was the potential for a criminal charge to be brought against the person suspected of financial abuse. Wilson (2002) discussed the impact of cases being perceived as likely to have an unsuccessful outcome before any action is taken. If social care professionals believed financial elder abuse was unlikely to result in prosecution of the perpetrator, or recouping of the money, this may result in the decision being taken to purely monitor the situation.

For both the social care and health professionals determining what action to take in cases of suspected abuse was sometimes a challenge dependent on the wishes and behaviour of the older person. This was a particular issue when the suspected abuser was a family member, as in many instances the older person did not want action taken because of the impact on family relationships. Such cases also presented a challenge in terms of assessing what was in the individual's best

interests. Given the important role of the family, restricting access was sometimes considered to be more detrimental than stopping the financial abuse.

As adults, older people were able to make their own decisions despite the possible consequences, which in some cases resulted in them maintaining contact with an individual suspected of abuse. This was challenging for social care professionals, as they were aware of the need to respect the wishes of service users. This is highlighted in government policy documents such as *No Secrets* (DH, 2000), which writes, "the right to self determination can involve risk" (DH, 2000, p.21).

For health professionals, consideration of the patient's wishes was discussed in terms of the importance of maintaining confidentiality, which has been recognised as presenting a particular challenge in cases of elder abuse (General Medical Council, 2011). Health professionals reported that whilst the expectation of confidentiality meant they were trusted with personal information such as where abuse is taking place, this could also make it difficult to take action if the patient did not want them to. Health professionals also talked about mental capacity alongside confidentiality, and thinking about whether action would be in the patient's best interest.

For the banking professionals, difficulties emerged when working with other agencies such as the police and social services due to different working practices. Banking professionals were concerned about breaking data protection guidelines by sharing information with outside agencies. The *No Secrets* review (DH, 2008) highlighted the importance of involving the banking sector in developing an approach to address detection and prevention of financial abuse, but consistent issues relating to communication and different working practices between different agencies are likely to hamper this unless effectively addressed.

The multi-agency nature of decision making in relation to financial elder abuse caused all three professional groups frustrations, due to the difficulties of sharing information. In some instances it was felt by social care professionals that delays left service users at risk of more financial abuse taking place. In all three professional groups there was an unwillingness to share information with outside agencies, despite identifying that when other agencies would not share information it made dealing with situations particularly challenging. Social care professionals said they were not able to share information with other professionals without good reason, health professionals talked about information sharing restricted by confidentiality, and

banking professionals talked about the limitations of data protection acting as a restriction. It seems that there is not as yet an effective way to navigate the policies of different agencies to most effectively share information.

On the basis of previous research highlighting minimal training for medical professionals in relation to elder abuse (Gordon et al., 2010; Thomson et al., 2010) it was expected that health professionals would have identified a lack of training as a challenge to decision making. Minimal reference was made by professionals to training they receive in relation to adult safeguarding, or the desire for more training in this area. This may be a result of health professionals not feeling that financial abuse is something they can deal with, as finances are not a primary focus of their contact with older people. In support of the conclusion drawn by Lachs and Pillemer (1995) it was acknowledged that finances were part of the broader picture of factors affecting the patient's situation. Lack of reference to the need for training may also reflect that professionals feel they are doing the best they can to deal with such situations.

Similar to the health professionals, for banking professionals, identifying financial elder abuse was also not seen a primary focus of the job role. Banking professionals gave examples of instances where they had delayed or stopped transactions where abuse was suspected, but seemed to find this stage of decision making the most difficult. Linking back to the conclusion drawn by Edmonds and Noble (2008), professionals found it difficult to take action against the customer's wishes, due to the expectations of their professional role.

What are the features that make decisions easier?

It is difficult to draw conclusions from the results as to what could support the decision making process, given the minimal content of the interviews addressing this issue. In terms of comment from social care professionals, the potential benefits of elder abuse legislation were highlighted. Assessment of the need for legislation was included as part of the *Safeguarding Adults* (DH, 2008) review of the *No Secrets* (DH, 2000) guidelines, but as yet no definitive progress in this area has been achieved. There was a limited level of awareness of *No Secrets* (DH, 2000) across health and banking professionals, which would suggest the need for a greater emphasis and publicity of multi-agency guidelines. Banking professionals also said

that specific guidelines in relation to financial elder abuse would make it easier to know what actions to take where abuse was suspected. Health professionals talked about working relationships with other agencies. Cases where the participant had a personal contact in another agency seemed to lead to a smoother process, demonstrating the potential effectiveness of close working relationships in order to get things done quickly.

In the following section, points of critique in relation to the Phase I methodology are discussed.

5.3.1 Critique of the Phase I methods

Given the limited sample size for each participant group (n=20) it was not possible to include a balanced representation of different demographic groups, but across the social care, health and banking professionals the samples were relatively homogenous in that they consisted predominantly of white females. Reports commenting on the number of females in the social care workforce have identified that certain job roles are more likely to be held by females (Eborall et al., 2010), and so it may be that the sample is reflective of this trend. An implication of the dominance of white females in the participant sample is that the experiences of certain groups such as males, as well as those from other ethnic groups have not been reflected in the findings. This could be an area that could be explored in future research, by applying a targeted recruitment strategy.

The distinctions between the types of actions reported by occupational therapists and doctors and nurses in cases of suspected financial elder abuse should also bear in mind the limited sample size for each of the health professional job roles. The number of occupational therapists (n=10) was equal to the combined number of doctors and nurses (n=10), but a greater number of participants would have been useful to explore the differences shown in more detail. It may also be that the similarity between the occupational therapists and the social care professionals in terms of actions taken reflects that a key source of recruitment for occupational therapists was the COT Specialist Section for Older People. Professionals who were members of this group may have had a higher level of awareness of social service guidelines in relation to adult safeguarding as a result of their interest in working with older people. Future research could compare the experience of occupational

therapists recruited from a wider range of sources in addition to greater participant numbers.

5.4 Summary

- This chapter presented findings from a qualitative analysis of incidents where social care, health and banking professionals had suspected financial elder abuse.

- Social care, health and banking professionals all considered the source of the identification of the abuse ('identifier of the abuse') and the nature of the 'financial problem suspected' as cues of financial elder abuse.

- The 'identifier of the abuse' cue referred to whether the abuse had been directly observed by the professional, or had instead been reported to them by a third party such as a member of the older person's family or another professional. There were differences between the three professional groups as to whether abuse tended to be directly observed or be identified as a result of an external report. The social care professionals highlighted the importance of third parties reporting abuse to them, whereas for the health professionals the majority of the critical incidents were identified directly. Front line banking staff such as cashiers were able to directly identify suspected financial elder abuse when dealing with customers on a one to one basis.

- Social care and health professionals both considered the older person's 'mental capacity' as a cue of financial elder abuse, whilst health professionals in addition considered the older person's 'physical capacity'. Banking professionals used 'who is in charge of the older person's money?' as a cue of suspected abuse.

- Key decisions social care professionals reported as making included determining if the individual had sufficient mental capacity to make decisions about their finances, whether safeguarding procedures should be implemented, who should be involved in safeguarding, and ultimately assessing whether abuse had taken place.

- Health professionals with different job roles made different sorts of decisions in response to suspected abuse. Occupational therapists' decisions were more similar to those taken by the social care professionals, which could be a result of working in both social care and health settings. Key actions taken by doctors and nurses included gathering more information by talking to the patient about the situation, as well as consulting internally and discussing concerns in practice meetings.

- Key actions taken by banking professionals in cases of suspected financial elder abuse included making informal enquiries with the customer.

- Difficulties encountered by social care and health professionals included assessment of the individual's mental capacity, and acting in line with the older person's wishes.

- Banking professionals highlighted difficulties surrounding data protection guidelines, which made it hard to share information with other agencies.

- A point of critique concerning the Phase I methods was the limited sample size, and the fact that the sample consisted predominantly of white females. This means that the research findings reflect the experiences of a relatively homogenous group.

- A second point of critique concerned the main source of recruitment of Occupational Therapists via the College of Occupational Therapists specialist section for older people. This should be considered in relation to the research findings, as the specific interest of members of this group in older people may explain the increased level of awareness of social services guidelines in relation to adult safeguarding, and therefore, why the decisions reported by the occupational therapists were more similar to the social care professionals than other health professionals.

Chapter 6 Phase II methodology

This chapter presents the Phase II methodology, where judgement analysis was applied to model professionals' decision making in response to case scenarios of financial elder abuse. The development of the case scenarios, using a fractional factorial design to determine the combination of cues presented in each scenario is explained. Data collection procedures in Phase II, which involved an online task, are also described. The analysis section explores techniques used to model judgement behaviour. Methods used to measure judgement reliability, and patterns in judgement policies are also outlined. The characteristics of the Phase II participant sample, made up of social care professionals (n=70), health professionals (n=82) and banking professionals (n=70) are presented.

6.1 Introduction

Phase I of research identified the cues of financial elder abuse that initially raised professionals' suspicions that abuse may be taking place, as well the actions they then took, and what contextual factors surrounded their decision making. The aims of Phase II were to identify how the cues of financial elder abuse influenced professionals' judgements, and if characteristics of the decision maker differentiated judgements.

6.1.1 Phase II research questions

1. Which cues explain the greatest variance in decision making by professionals?
2. Do participant demographic characteristics show any relationship with decision making?
3. Which participants are the most consistent decision makers?

6.2 Methods

6.2.1 Design: The factorial survey approach

The factorial survey approach was chosen to investigate judgements in cases of financial elder abuse because it enabled the impact of individual cues of abuse on judgements to be evaluated, whilst also representing the number of cues and range of cue presentation that could be involved in a situation of suspected abuse (Taylor, 2006a). This approach assesses participant's judgements of a series of case scenarios to measure how many pieces of information (cues) they use to reach a

judgement, and how the importance of different cue information is weighted (Rossi & Nock, 1982). Factorial surveys have also been suggested to represent a valid measure of decision making by professionals (Taylor, 2006a). Beckstead and Stamp (2007) reported that nurses rated patient case scenarios presented as part of judgement analysis research to explore professional judgement of risk of coronary heart disease as showing a good level of realism.

An alternative to the factorial survey approach with written case scenarios is to explore decision making in virtual task environments. For example, as part of a judgement analysis study, Yang and Thompson (2011) measured nurses' judgements in response to a patient simulator system. The system gave participants access to all the cue information that would have been contained in a written scenario, but in a context more comparable to how they are used to encountering patients, for instance, by using a heart rate monitor to determine the patient's heart rate. Exploring decision making in relation to financial elder abuse was not thought to be well suited to this approach given the range of cues of abuse identified in Phase I of the research that would have been difficult to present meaningfully to participants in a self-contained environment. In addition, the research involved professionals working in different sectors with different working contexts that would have required individual task environments.

The factorial survey approach, which was chosen, applies principles from both experimental design and sample surveys to investigate how people make judgements (Rossi & Nock, 1982). In the context of financial elder abuse, this involved making judgements about a sample of written case scenarios including multiple cues and cue levels to represent the nature of the situation, to identify independent effects of the cues on resulting judgements. In relation to financial elder abuse, natural intercue correlations between potential cues of abuse may be expected. For instance, when considering the risk factors for abuse, advancing age is associated with both declining physical and mental capacity. A factorial survey can establish the influence of each cue alone, which is of value to determine if financial abuse is identified based on factors over and above the individual's age.

In a factorial survey, different aspects of human judgements can be measured including the number of pieces of information (cues) people use to reach their judgements, agreement between different judges as to how cues should be weighted and combined, and how the consistency of an individual judge varies from the group

overall (Rossi & Nock, 1982). There are various examples of research that has used the factorial survey approach to investigate judgements by the types of professionals involved in this research. Müller-Engelmann, Krones, Keller and Donner-Banzhoff (2008) used the factorial survey approach to explore the effects of seven factors on the choice of shared decision making by doctors and patients when health care decisions have to be made in a consultation. Byers and Zeller (1995) used case scenarios to investigate judgements by social care professionals in the context of elder self-neglect. Cues in the case scenarios were varied to determine their influence on how adult protective service workers judged the extent to which the older person was personally responsible for the situation.

6.2.1.1 Defining the independent and dependent variables

Independent variables: the cues of financial elder abuse

Research applying the factorial survey approach identifies that the development of case scenarios should provide a clear reasoning behind the cues selected for inclusion (Taylor, 2006a; Müller-Engelmann et al., 2008). In Phase I, the cues used by social care, health and banking professionals to identify suspected financial elder abuse were established. Table 6.1 below summarises the cues of financial elder abuse identified in Phase I for the three participant groups. Shading denotes distinctions between financial abuse cues between the three groups, which are discussed in more detail below.

Table 6.1: A summary of findings from Phase I: cues that raise suspicion of financial elder abuse for social care, health and banking professionals

	Professional group		
Cues	*Social care*	*Health*	*Banking*
Identifier of abuse	✓	✓	✓
Financial problem suspected	✓	✓	✓
Mental capacity	✓	✓	-
Physical capacity	-	✓	-
Who is in charge of the money?	-	-	✓

Content analysis identified a number of similarities in the cues that raised suspicion of abuse for the social care and health professionals. Three cues were shared,

including (1) the 'identifier of abuse', (2) the nature of the 'financial problem suspected', and (3) the older persons' 'mental capacity'. Full description of each cue is provided in Chapter 5, as part of the Phase I results. In terms of distinctions between social care and health professionals, health professionals also referred to the older person's 'physical capacity' and how this could raise concerns of financial abuse.

The 'identifier of abuse' and the nature of the financial problem suspected were also cues for banking professionals, but banking professionals encountered different sorts of financial problems to social care and health professionals and cases were identified by different sources. Banking professionals also had the cue of 'who is in charge of the older person's money?', which was not identified as a cue in Phase I for the social care or health professionals.

The presence of three cues shared by social care and health professionals, with similar category level detail, suggested a degree of overlap in areas seen as important indicators of possible financial abuse by the two groups. On the basis of this it was decided that social care and health professionals should complete the same Phase II task. The additional cue and cue-category referred to by health professionals were also represented so that the Phase II task reflected all the key cues identified by the two professional groups in Phase I. Banking professionals completed a separate task to reflect the differences in cue usage compared to social care and health professionals.

Following discussion with experienced social care, health and banking professionals from the NDA project board, it was decided that additional cues should be added to provide the scenarios with contextual detail and address cues identified in the literature. In the next section these additional cues of financial elder abuse included in the case scenarios are described.

Social care and health professionals

Cues including the age and gender of the older person, and their particular living circumstances were presented in the case scenarios to supplement the cues identified in Phase I of research. The elder abuse literature review in Chapter 2 provides further details relating to these additional factors derived from the research

and policy documents that discuss elder abuse risk factors. Information about who was suspected of carrying out the financial abuse was not included as a cue. For instance, whether it was a family member, friend, care worker or stranger. Elder abuse literature has commented on the characteristics of who might commit abuse. Action on Elder Abuse (2006) reported the high proportion of elder abuse committed by sons and daughters, and review documents such as the Help the Aged financial elder abuse literature review (Crosby et al., 2008) included consideration of 'perpetrator characteristics'. This decision was taken on the basis that with some of the scenario variable combinations, participants may make a judgement about the individual suspected of the abuse from indirect information. For instance, if an older person was living with family and there was a report of stealing, this may be attributed to a family member. In addition, the research aim was to explore factors influencing initial suspicion of financial abuse, and the person suspected of committing the abuse did not emerge as a key factor in Phase I.

Banking professionals

As well as the three cues of financial abuse drawn from Phase I, cues of age, gender, and an indication of the physical and mental capacity of the older person were added. The older person's living circumstances were not added as a cue, as unlike the social care and health professional, the banking professionals would be less likely to visit the older person in their home environment. The content of the additional cues presented in the scenarios were selected to mirror the cue levels used in the social care and health professionals' case scenarios. Although direct comparisons between the professional groups would not be possible due to cue variation such as different financial problems encountered by the different professional groups, shared cues would enable some tentative comparisons to be made. Cues presented in the Phase II tasks are summarised in Table 6.2, with the shading denoting areas of distinctions between the social care and health professionals and the banking professionals.

Table 6.2: Phase II financial abuse cues by participant groups

Cues	Cue categories	Social care / Health	Banking
Age (Yrs)	66, 76, 86, 96	✓	✓
Gender	Male, Female	✓	✓
Identifier of abuse	You notice	✓	✓
	A family member tells you	✓	✓
	They tell you themselves	✓	-
	Their friend tells you	✓	-
	Another professional tells you	✓	-
	A carer tells you	-	✓
	Another member of staff tells you	-	✓
	Blank	✓	✓
Financial problem suspected	A relative concerned about loss of inheritance: *'a relative has objected to the house being sold to pay for her care needs because of the impact on inheritance'*	✓	✓
	Stealing from the home or person: '*no change had been given after the shopping was done for him/her'*	✓	-
	Anomalies between finances and living conditions: '*there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap'*	✓	-
	Financial anomalies in accounts or bills: '*there has been a letter from the bank which shows an overdrawn account and other showing bills haven't been paid*'	✓	-
	Recent change to a person's will: '*recently a change to his/her Will has been made, leaving all possessions to the cleaner'*	✓	-
	Misuse of Power of Attorney authority: '*the Lasting Power of Attorney is now managing his finances and money is missing from his current account'*	✓	-
	Rogue traders: '*building work was recently paid for and hasn't been carried out'*	✓	-

Table 6.2 (Continued): Phase II financial abuse cues by participant groups

Cues	Cue categories	Social care / Health	Banking
Financial problem suspected	Third party manipulation: *'a third party who visits the bank with this older person seems to be manipulating him/her'*	-	✓
	Overseas cash prize: '*this older person has been asked to transfer money into an overseas bank account to claim a cash prize'*	-	✓
	Overdrawn account: *'this older person's bank account is overdrawn and he/she does not know why'*	-	✓
	Out of ordinary cash withdrawal: *'this older person's cash withdrawal was out of the ordinary for his/her routine'*	-	✓
	Blank	✓	✓
Physical capacity	No / Minor / Major physical health problems	✓	✓
Mental capacity	Fully mentally aware, At times slightly confused, Extremely confused and forgetful	✓	✓
Living circumstances	In their own home	✓	-
	With family	✓	-
	In their own home with a care package	✓	-
	In sheltered accommodation	✓	-
	In residential care	✓	-
	In a nursing home	✓	-
Who is in charge of money?	In charge of their own money	-	✓
	Third party signatory	-	✓
	A holder of a Lasting Power of Attorney	-	✓

It was decided to include blank cue levels as categories of 'identifier of abuse' and 'financial problem suspected' as a measure of baseline risk assessment where there is no specific information about certain cues (Taylor, 2006a). Blank cues are often included in factorial survey research, with a number of explanations provided. Lauder, Ludwick, Zeller and Winchell (2006) measured nurses' judgements regarding patient risk for self-neglect in response to patient case vignettes. "Null" (blank) variable information for some cues were used on the basis that sometimes nurses would not have access to all information about a patient, but may still have to make a judgement about the risk of neglect. Byers and Zeller (1995) also gave a practical explanation, this being that blank cue levels are useful for dummy coding of cue category levels for analysis, as they create a comparison category.

Dependent variables

To address judgements relating to the detection and prevention of financial elder abuse, in Phase II, participants from all three professional groups made judgements of certainty of abuse and likelihood of action in response to the case scenarios. Judgements of certainty of abuse enabled the cues influencing abuse identification to be established, and likelihood of action assessed abuse prevention.

Participants were asked to make two separate judgements in response to each scenario. The first was to judge their certainty of financial abuse between two extremes from 'certain abuse is not occurring' to 'certain abuse is occurring', which represented a '0' – '100' scale. The second judgement made was likelihood of taking action, ranging from 'Unlikely to take action' to 'Likely to take action', also on a '0' – '100' scale.

It was important that the dependent variables generated a range of responses so that analysis was able to investigate why people reach different judgements (Ludwick & Zeller, 2001; Taylor, 2006a). It was decided that certainty of abuse and likelihood of action were sufficiently distinct to include both measures. This was supported by research conducted by Wilson (2002) who reported findings from interview research with social workers related to the ethical dilemmas faced when dealing with suspected elder abuse. Under the theme of 'Discretion', it was said that "Staff often had a choice in how thoroughly they would look for financial abuse (Wilson, 2002, p. 84)". This suggests that taking action where abuse is suspected is a separate decision, and not a necessary conclusion of abuse being identified.

Phase I findings were also used in Phase II to identify the actions participants might take if faced with suspected financial elder abuse. The actions were chosen to progress in stages from what might be considered the lowest level of action available through to the highest level of action. The aim was to address immediate responses professionals might take if they suspected abuse, therefore for the social care and health professionals, the final decision of 'Has abuse taken place?' as well as 'Does the older person have mental capacity to make financial decisions?' were not included. Participants could select any combination of the actions they wished, or none at all. The possible actions participants were able to select from are summarised in Table 6.3 below. The response choices for banking professionals are

presented in a separate column in reflection of the different types of actions that may be taken by this group.

Table 6.3: Actions that could be taken by social care and health, and banking professionals in cases of suspected financial elder abuse

Social care and health	Banking
Monitor situation	Make informal enquires
Gather further information	Monitor situation
Consult internally with colleagues/managers	Gather further information
Call strategy/team meeting	Consult internally with colleagues / managers
Consult with outside organizations	Consult with outside organisations (e.g. the police)
Implement safeguarding procedures	Protect customer's finances

6.2.1.2 Factorial survey design

In order to statistically model the relationship between financial abuse cue usage and resulting decisions, case scenarios were developed which incorporated the financial elder abuse cues. There are a number of approaches to the design of case scenarios in a factorial survey, which involve distinct justification for the cue level combinations participants are asked to judge. One option is that participants judge every scenario from the available set (all possible cue level combinations), which is known as a factorial experiment rather than a factorial survey (Wallander, 2009). In the context of the financial elder abuse case scenarios, judgement of all possible scenarios was not possible given the number of cues and cue levels. Referral to the cues of financial abuse for social care and health professionals illustrates that judgement of all possible cases would involve reviewing 20,736 scenarios. This is a product of the multiplication of the number of levels within each of the seven cues (4x2x6x8x3x3x6).

In comparison to the factorial experiment, a factorial survey uses a sample from the total possible set, with various possible ways in which this sample can be drawn. One option is that each participant views a different, random sample of scenarios from the total possible set, either with or without replacement (Wallander, 2009). Random sampling with replacement means that multiple participants could potentially

view the same scenario, whereas the 'without replacement' option means that once a scenario has been viewed, it could not be judged again. In the context of the financial abuse case scenarios a random sample design was not appropriate as certain cue combinations had to be excluded from analysis as they could not possibly occur, such as an older person with good physical and mental capacity living in a nursing home.

In the development of the financial abuse case scenarios a fractional factorial design was selected to determine the case sample. This approach was chosen to reduce the cognitive load of the task for participants, as it required a minimal number of scenarios to be viewed, whilst still enabling the impact of the cue information to be established (Gunst & Mason, 2009). This approach is also supported by its use in previous research to investigate judgements in health and social care settings. For example, Wigton, Darr, Corbett, Nickol and Gonzales (2008) used a factorial design in the context of judgement analysis research to investigate the factors influencing doctors' decision to prescribe antibiotics for a patient with a suspected acute respiratory tract infection.

Using a fractional-factorial design, all participants judge the same sample set. The aim is that cue presentation is both symmetrical and orthogonal (Dülmer, 2007). In a symmetrical sample, different cue levels are presented a similar number of times, and an orthogonal design is one where the correlations between the cues are minimised, to establish the main effects of each cue. Because participants were all judging the same set, variations in response to the same scenarios could also be compared. Fractional-factorial sampling was carried out by co-grant holder KG using SPSS version 15.0. Details specific to case scenarios presented to social care and health professionals is addressed in the following section.

Social care and health professionals' fractional factorial sampling

In the initial attempt at case generation, 64 case scenarios were produced. Co-grant holder PH and PhD research student MD reviewed the case set to ensure that the combination of the different cue levels within each scenario made sense. Cases were removed where the older person in the scenario had no physical or mental health problems but was living in a nursing home or a residential home (n =5). Cases were also removed where the older person was living in sheltered accommodation, residential/nursing care or with family and the financial problem involved rogue

traders (n=3). An additional focus of removal was cases where cue levels for both the 'identifier of the abuse' and the 'financial problem suspected' were blank. In the initial case set, 15 cases were double-blank for these cues, which was considered to be high relative to the presentation of other levels within these cues. Cases were removed on the basis of those that seemed least realistic. This included where the older person had either major physical health problems, or was extremely confused and forgetful but was still living in their own home without support. In total six double-blank cases were removed so that the number was more similarly matched to the presentation of the other cue levels. Given that the use of the factorial survey approach aimed to minimise the correlation between the cues in order to establish the main effects of each cue, Pearson correlation coefficients between the cues were calculated to determine the impact of case removal. Correlations between the cues ranged from r = -.33 to r = .20. Fisher's Z transformation was calculated to determine the average correlation coefficient of r = .01. As such the case sample was considered to uphold the required principles of a factorial survey design.

After the scenario set had been refined, 50 cases remained. The next stage was to arrange the selection of duplicate cases from this set to measure how consistent participants were in their judgements of the same scenarios. This is a technique that has been applied in previous factorial survey research to measure judgement reliability (e.g. Lauder et al., 2006), and is one method of assessing decision making expertise. It has been suggested that people with less expertise show greater inconsistency in their judgements of repeated scenarios (Harries & Gilhooly, 2003). In addition to the measurement of consistency, capturing judgements in response to duplicate case scenarios was necessary to calculate participants CWS index scores. The CWS index measures decision making expertise as a measure of consistency in response to repeated scenarios, as well as ability to discriminate between similar but slightly different situations (Weiss & Shanteau, 2003).

The case set of 50 was filtered in Excel by the 'Financial problem suspected' cue, and every third case was selected as a repeat. The final case set therefore consisted of 65 cases, including 50 unique cases, followed by 15 repeats. The statistical power of factorial survey analysis is tied to the number of case scenarios each participant judges in addition to the number of participants (Wallander, 2009). Cooksey (1996) suggests a ratio of scenarios to cues of at least 5:1, therefore meaning the case set size was sufficient. The full case set can be viewed in Appendix 6.1.

Banking professionals' fractional factorial sampling

The final case set was made up of 46 case scenarios, including 35 unique cases, and 11 repeats. The case set was smaller than for the social care and health professionals because the financial elder abuse cues for banking professionals had fewer cue-categories meaning fewer scenarios were required to represent the different combinations. Research fellow DC reviewed the set to ensure that all the scenario cue-combinations would make sense to banking professionals. The complete case set can be seen in Appendix 6.2.

When the case scenarios sets had been established, the cue level information had to be linked together in a coherent way to create the idea of individual cases of suspected abuse. Each scenario needed to be structured in the same way in terms of cue order and accompanying text, so that the only variables being manipulated between the different scenarios were the cue levels. After viewing the complete case set, final alterations were made to the scenario wording. This included referring to the gender of the older person in each case as he or she, as opposed to the scenarios being gender neutral.

Measurement of demographic characteristics

The demographic details of interest included the same details as in Phase I (age, gender, job-role, number of years working in current job-role and ethnicity). In addition, participants were also asked how many years they had worked in their profession. This was to ensure that participant experience or expertise could be more accurately measured. Asking the number of years in current job role alone may not identify participants with long-term experience who had recently started a new job. Participants were also asked to indicate their employer. Those who selected the employer option 'Other' could then type the details into a free-text box. The next section covers the research materials and the development of the website portal for participants to access the Phase II task.

Phase II materials

The financial abuse case scenarios were presented to participants via a dedicated Internet website built by Dr Chris Tomlinson (CT). This approach was chosen so that

participants would be able to complete the task at a time convenient to them. This was particularly important for data collection with banking professionals, as banking security systems do not allow staff access to the Internet, so they had to complete the task at home. As an additional benefit, data would also be collated automatically via a password protected intranet facility, accessible only to members of the Brunel project team. Internet presentation of case vignettes following a factorial survey approach has been applied in previous research (e.g. Schwappach & Koeck, 2004).

A factorial survey approach using written case scenarios presented to participants via computer was used in preference to paper based case scenarios. An example of the screen interface is shown in Figure 6.1.

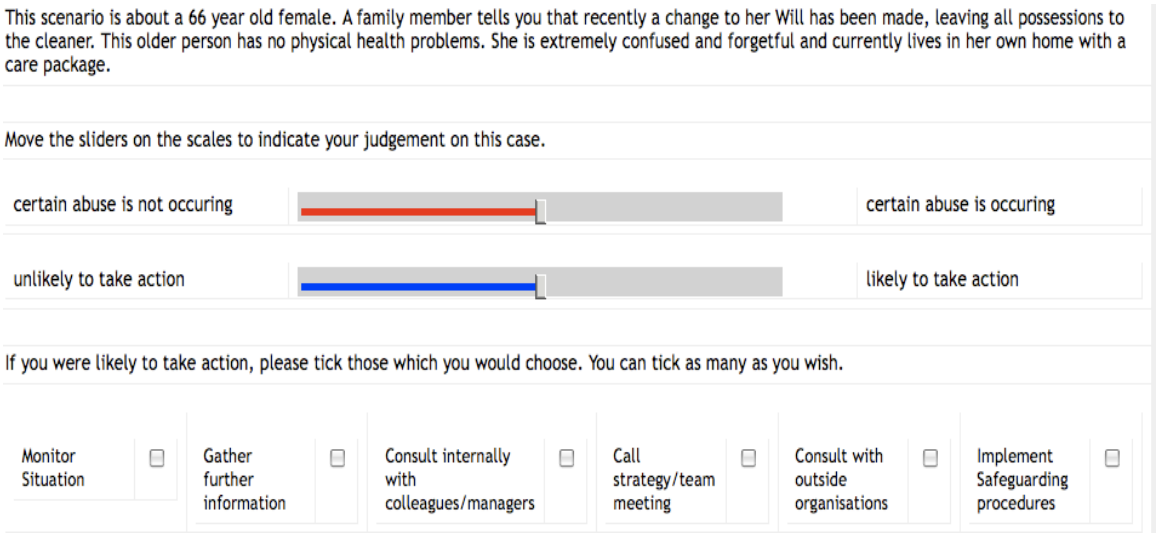

Figure 6.1 Financial abuse case scenario example

In addition to the ease of data collection, a computer based online presentation allowed addition data to be collected, such as the amount of time participants took to reach each decision. For the social care and health professionals, the average (median) time spent completing the task was 31 minutes (social care median = 30 minutes, health median = 32 minutes). The median individual scenario judgement time for the 152 social care and health professionals was 24 seconds (range = 6 - 66 seconds), which included the time taken to determine certainty of abuse, likelihood of taking action, and selecting what actions would be taken. Median scenario judgement time was consistent at 24 seconds for both social care and health professionals. For the banking professionals, the average time spent completing the

task was 19 minutes. Average judgement time for an individual scenario was 18 seconds (median range = 7 – 49 seconds).

Social care and health professionals completed the same online task and so used a separate website to the banking professionals. PhD student MD formulated the website text which was the same for both tasks but with appropriate sector specific terminology. A website created by co-grant holder PH to measure judgements by occupational therapist students in the context of referral prioritisation was used as a template for aspects to be included (see Harries (2006) for more details). The draft website text was reviewed and finalised by the broader Brunel research team before being sent to the website developer CT to create a complete website. The website judgement task was piloted by representatives from social care, health and banking before beginning formal data collection. Piloting of case vignettes is recommended when using a factorial survey design. This is to ensure that each scenario make sense to participants prior to collecting data (Ludwick & Zeller, 2001).

6.2.2 Sample

There were three participant groups, social care, health and banking professionals. Cohen (1992) outlined that calculation of group sample size is dependent on the type of analysis to be conducted and the selected significance level, test power and effect size (likelihood that the null hypothesis is false). The nature of judgement analysis data whereby each participant makes multiple judgements means that effect size can be classified as large if judgements are consistent, as standard deviation is reduced, meaning that a smaller sample size is needed to establish group level differences (Cooksey, 1996). With a significance level of .05, and power of .80, the sample size for judgement analysis data assuming a large effect size would therefore be 66 (Cohen, 1992, p. 158,). Following this guideline, the total sample size selected was 210, including 70 social care, 70 health and 70 banking professionals.

Participants across the three groups were primarily recruited across a geographical area consistent with Phase I, including areas within Greater London (North West London, South West London) as well as outer London areas (Kent, Medway and Hampshire). Details specific to recruitment within each participant group are outlined in the following sections. An overview of the demographic details for each participant group can be found in Table 6.4, which follows the individual group level detail.

Social care professional participant sample

As Phase II was an online task, social care professionals from outside the three areas involved in Phase I could also take part without requiring separate ethical approval at local authority level. This meant that social care professionals who contacted the project team independently were able to participate. The main source of interest in this area was from professionals who had heard members of the project team give presentations about the research at conference and seminar events.

Social care professional participants (n=70) were between the ages of 21 and 63 years with a mean age of 44 years old. The sample included 53 females, and 17 males. Participants reported a range of job-roles, which were organised into categories for the purpose of analysis. Where multiple participants reported the same job-role, a single category title was used, such as social workers[4]. Participants with unique job titles were grouped into categories with others who held similar job roles. Categories included 'Social care management level professionals'[5], 'Registered managers/managers'[6], and 'Safeguarding adults managers'[7]. Registered managers were the largest job-role category (n=20), followed by social workers (n=12), and social care management level professionals (n=12). Social care professionals' time in their current job role ranged between 0 – 17 years, with a mean of 5 years. Number of years in the profession was reported to range from 0 – 35 years, with a mean of 12 years. Sixty-two participants recorded their ethnicity as 'White – Welsh / English / Scottish / Northern Irish / British'.

Health professional participant sample

Staff working in general practitioner (GP) surgeries and employed by their Primary Care Trust (PCT) were approached to participant in Phase II. The recruitment area covered the PCT's involved in Phase I of the research. Additionally, as per Phase I,

[4] Single job-role categories included 'Social workers', 'Team managers', 'Director/Managing director', 'Care manager/Assistant care manager',

[5] 'Social care management level professionals' includes a range of Council employed and privately employed management job-roles such as a specialist case manager, and a homecare co-ordinator.

[6] 'Registered managers/managers' includes privately employed registered managers and mangers.

[7] Safeguarding adults job-roles were referred to as managers, coordinators, and officers.

Occupational Therapists (OT's) across the United Kingdom were approached via the College of Occupational Therapists Specialist Section for Older People.

The health professionals (n=82) included 65 females, and 17 males, ranging in age from 22 - 68 years, with a mean age of 42 years old. The number of health professional participants exceeded the initial requirement (n=70) because of a high level of interest in the task from health professionals. A range of job-roles were recorded, which were grouped into single job-role categories. Job role categories made up of more than one job title included 'Nurses/Physiotherapists' [8], and 'Administration/co-ordination'[9] roles. Occupational therapists were the largest job-role represented (n=33), followed by general practitioners (n=17).

The number of years in current job role ranged from 0 – 30 years, with a mean of 7 years. Number of years in the health care profession ranged from 0 – 33 years, with a mean of 12 years. Sixty-six people reported their ethnicity as 'White – Welsh / English / Scottish / Northern Irish / British'.

Banking professional participant sample

As the Phase II task was completed online, professionals recruited via the Building Societies Association located across the UK were also able to complete the task. Banking professionals ranged in age from 22 – 57 years old with a mean age of 33 years, and included 50 females, and 20 males. In total 37 unique participant job-roles were recorded, which were organised into categories to enable analysis of differences at a group level. Job role categories created included 'Branch/bank manager', 'Cashier/customer advisor', 'Banking management level professional'[10], and financial crime manager / investigator. Branch/bank managers were the largest job-role category (n=30) followed by banking management level professional (n=24).

Banking professionals recorded having been 0 – 13 years in their current job-role, with a mean of 4 years. Number of years in the banking profession ranged from 0 –

[8] A range of nursing job-roles were identified, including Practice nurses, Registered general nurses, clinical team leads, and a research nurse.
[9] Administration co-ordination roles included medical secretaries, medical receptionists, and general administration.
[10] 'Banking management level professionals' included Premier managers, Premier relationship managers, Project managers, financial planning managers, insight managers and team leaders.

33 years, with a mean of 10 years. Half of the demographic data regarding ethnicity was missing[11]. Of the remaining 35 participants, 34 recorded their ethnicity as 'White - Welsh / English / Scottish / Northern Irish / British'.

Table 6.4: Social care, health and banking professionals' Phase II demographic details

	Categories	Participant group (n)		
		Social care (n=70)	Health (n=82)	Banking (n=70)
Gender	Male	17	17	20
	Female	53	65	50
Age	21 – 33 years	13	20	42
	34 – 46 years	27	35	18
	47 – 59 years	26	26	10
	60 + years	4	1	-
Ethnicity	White – Welsh / English / Scottish / Northern Irish / British	62	66	35
	Other*	7	16	1
	Missing data	1	-	34
Job-role	Administration / Coordination	-	7	-
	General practitioner	-	17	-
	Nurse / Physiotherapist	-	10	-
	Occupational therapist	-	33	-
	Practice manager	-	15	-
	Care manager / Assistant care manager	6	-	-
	Director / Managing director	7	-	-
	Registered manager / Manager	20	-	-
	Safeguarding adults manager	9	-	-
	Social care management level professional	12	-	-
	Social worker	12	-	-
	Team manager	4	-	-
	Bank / branch manager	-	-	30
	Banking management level professional	-	-	24
	Cashier / Customer advisor	-	-	10
	Financial crime manager / investigator	-	-	6

[11] Missing ethnicity data was the result of a design error on the demographic details collection page of the online web task

Table 6.4 (Continued): Social care, health and banking professionals' Phase II demographic details

	Categories	Social care	Health	Banking
Employer	Council	31	-	-
	Primary Care Trust	-	47	-
	Other	25	33	-
	Bank	-	-	58
	Building Society	-	-	12
	Missing	14	2	-
Years in current job role	< 2 years	23	25	29
	3 - 5 years	21	25	25
	6 - 10 years	16	15	10
	11 + years	10	17	6
Years in profession	< 4 years	15	19	23
	5 - 10 years	20	28	26
	11 - 20 years	22	18	11
	21 + years	13	17	10

* A full breakdown of the ethnicity demographic information is provided in Appendix 6.3

6.2.3 Procedure

Participant recruitment

Phase II recruitment was consistent across all participant groups, aside for the use of relevant professional terminology in the recruitment materials. A copy of the participant recruitment letter can be found in Appendix 6.4 and the participant information sheet is in Appendix 6.5. Although there were no formalised inclusion criteria for taking part, recruitment information stated, "Anyone who is interested in the topic of financial elder abuse is invited to participate". Awareness of financial elder abuse was important so that participants understood what judgements they were making when indicating their level of certainty that financial abuse was occurring in response to each scenario. The recruitment letter also identified that professionals who had completed the first phase of the research were able to participate in the second phase of data collection. It was stated that the task would take 30-45 minutes to complete, and that on full completion of the task participants would be given a £20 Amazon gift-voucher.

The recruitment email provided participants with the web link to access the scenario judgement task directly. It was decided not to make access to the task password protected, in order to make participation as convenient as possible. Professionals were therefore recruited on the basis of a positive response to the research email and independently accessing the website, therefore represented a self-selecting sample. Details specific to recruitment of the different professional groups are addressed in the following sections.

Social care and health professionals

To reach the required sample size, social care recruitment was extended to include private sector social care management, via the United Kingdom Homecare Association Ltd. Research fellow DC was primary liaison for Phase II health professional recruitment.

Banking professionals

Banking professionals were recruited via contact with the project partner HSBC, as well as via the Building Societies Association. DC sent an email outlining the Phase II research and what would be involved in taking part, as well as the information sheet for the broader research project.

Data collection

After accessing the website, participants were given some introductory information, explaining what the website was and what they would be required to do. They were given details about how the results would be used, and were assured that participation was voluntary, and they would not be personally identifiable in any reporting of the results. Email contact details for the project research fellow DC were provided in case of any questions or concerns.

Prior to the judgement task itself, participants were asked to complete a demographic information form included within the website (see Appendix 6.6). At the end of the demographic details page participants were asked to provide their email address so they could be sent a gift voucher on completion of the task. Participants were lastly asked to tick a box to confirm that their results could be used for research. This was

to consent to the results being stored and used to research financial elder abuse decision making.

On the instructions page (see Appendix 6.7), participants were given information about how to complete the task. The case scenarios were then presented in a randomised order to each participant, followed by the repeated cases. After taking part, participants were thanked for their participation and given further information about the aim of the research being to identify the influence of the financial abuse cues on judgements of certainty of abuse and likelihood of action.

Data management

When participants had completed the task, a results file for each individual was automatically created and stored on a password protected intranet site. Researcher MD was responsible for developing the process of formatting each participant's results into a single Excel workbook, which involved various stages of preparation. The actions participants had chosen in response to each scenario were initially presented in the web data file as a continuous text string. These were recoded in Excel into dummy variables to represent each separate action, using '0' and '1' to indicate if the action had been selected. This recoding used the 'Text to columns' function in Excel to break down the text string into separate columns, followed by a 'Count if' formula to create a numerically coded variable for each separate action.

The results were also checked to ensure that they represented a professional from one of the target participant groups. This involved review of the email address provided, as well as the job role listed. Because the website was open access, it was feasible that non-target professionals could have taken part. Any 'Non professional' results were recorded separately from the main datasets. In total, 231 people accessed the website set-up for the social care and health professionals judgement task. This included 66 incomplete attempts and 13 non-target professionals (such as a detective sergeant) as well as the 152 social care and health professional participants. The banking task website was visited by 84 people, including 14 incomplete attempts as well as the 70 banking professional participants. Only participants who completed the tasks in full were included in the analysis.

Participant judgements were also checked to remove individuals believed not to have completed the task properly. This included those who recorded '50', or '100' for all scenario judgements. As one aim of the research analysis was to capture variation in judgement, if participants consistently made the same judgement, as well as indicating that they may not have completed the task properly, it left no variance for analysis to interpret.

To prepare for analysis of the Phase II data, an SPSS data file was created by MD in SPSS Version 15.0. Each row of the datafile represented a scenario, with the cue information contained in separate columns. The coding of the financial elder abuse cues 'Age', 'Gender', 'Mental capacity' and 'Physical capacity' were the same for the two Phase II tasks, with the coding detail summarised in Table 6.5 below.

Table 6.5: Common cue coding for the social care and health, and banking professionals Phase II datasets

Cue	Cue Levels	Coding
Age (years)	66	66
	76	76
	86	86
	96	96
Gender	Female	0
	Male	1
Mental capacity	Fully mentally aware	1
	At times slightly confused	2
	Extremely confused and forgetful	3
Physical capacity	No physical health problems	1
	Minor physical health problems	2
	Major physical health problems	3

Some of the financial abuse cues had to be recoded, as they represented categorical variables that could not be ordered into a meaningful scale. One potential option for recoding would have been to conduct preliminary analysis to establish an order for the categorical cues. This approach has been applied in previous research by Harries and Harries (2001), who were interested in examining how occupational therapists working in a community mental health team judge patient referral priority. Prior to the task, a separate group of occupational therapists had rank ordered the

cues included in the referral scenarios. This included establishing an order for the five categories of the 'diagnosis' cue from most, to least severe. Harries and Harries (2001) acknowledge that a weakness of this approach can be that it manufactures a linear impact of the cue on the outcome variable, which may not reflect the influence of the cue in practice, i.e. the change in prioritisation policy related to increasing severity of diagnosis might not be equivalent. Lack of knowledge of the relationship between the different financial abuse cue categories and how this may affect judgements suggested that this approach was not appropriate for recoding the financial elder abuse cues.

The approach selected to recode the financial abuse categorical cues was dummy coding, whereby each cue-category becomes an independent variable, coded as either '1', or '0', dependent on whether the category was present in the scenario. One category is chosen as a reference category and is excluded from the analysis, scored as '0' for each dummy variable (Cooksey, 1996). The reference category is the point of comparison for the relevant dummy variable categories (Hardy, 1993). An illustration of dummy coding of the 'Identifier of abuse' cue is provided in Table 6.6 below. This shows that the original variable has been recoded into four dummy variables, representing each of the categories of who might have identified the abuse.

Table 6.6: An illustration of dummy coding

Original variable	Dummy variable categories			
Identifier of abuse	Family member	Older person	Professional	Friend
Family member	1	0	0	0
Older person	0	1	0	0
Professional	0	0	1	0
Friend	0	0	0	1
You	0	0	0	0

In the example provided above, cases where the individual themselves identified the suspected abuse (Identifier of abuse; 'You') represent the reference category. It has been suggested that the reference group should be of comparable or larger size that the other dummy categories, and have a reason behind its selection to help with interpretation of the analysis (Hardy, 1993). Details regarding the reference categories are provided in the following sections, which considers the two datasets in

turn beginning with the financial elder abuse cues for the social care and health professionals.

Social care and health professionals

The coding values for each of the financial abuse cues recoded as dummy variables are shown in Table 6.7 below. For each dummy variable cue, the category selected as the reference category is highlighted.

Table 6.7: Variable cue coding for dummy variable categories

Cue	Cue levels	Coding
Identifier of abuse	Older person	0,1
	Family	0,1
	Professional	0,1
	Friend	0,1
	Reference category = you	
Financial problem suspected	Rogue traders	0,1
	Misuse of power of attorney authority	0,1
	Stealing from the home or person	0,1
	Recent change to a person's will	0,1
	Anomalies between finances and living conditions	0,1
	Financial anomalies in accounts or bills	0,1
	Reference category = A relative concerned about loss of inheritance	
Living Circumstances	Nursing home	0,1
	Residential home	0,1
	Sheltered accommodation	0,1
	With care package	0,1
	With family	0,1
	Reference category = own home	

The reference categories were chosen to provide a meaningful comparison versus the component cue categories. For the cues 'Identifier of abuse' and 'Living circumstances', the categories selected could be considered qualitatively different from the other cue categories. By selecting 'Identifier of abuse; You' as the reference category, this compared cases identified by the professional themselves to instances

of other identifiers. Similarly, by selecting 'Living circumstances; Own home', this compared cases where the older person was living independently to other living options. To determine the reference category for the cue 'Financial problem suspected', average certainty and likelihood scores for each financial problem were calculated. 'Relative objected to house sale' was chosen on the basis of falling in the mid range of certainty and likelihood scores.

Banking professionals

The coding values for each of the cues recoded as dummy variables are shown in Table 6.8 below, with the reference category highlighted.

Table 6.8: Financial abuse case scenarios: dummy variable cue coding

Cue	Cue Levels	Coding
Identifier of abuse	Family	0,1
	Carer	0,1
	Another member of staff	0,1
	Reference category = you	
Financial problem suspected	Third party manipulation	0,1
	Overseas cash prize	0,1
	Overdrawn account	0,1
	A relative concerned about loss of inheritance	0,1
	Reference category = Out of ordinary cash withdrawal	
Who is in charge of the money?	Third party signatory	0,1
	Lasting Power of Attorney	0,1
	Reference category = In charge of his/her own money	

The reference categories were chosen to provide the most informative comparison of the different category options. The choice of 'Identifier of abuse; you' compared instances where the professional detected abuse themselves to reports from third parties. The reference category 'Out of ordinary cash withdrawal' was chosen for the financial problem suspected cue on the basis of falling in the mid range of certainty of abuse and likelihood of action scores. By selecting cases where the older person

was ‘In charge of his/her own money’ as the reference point, this compared independent money management to different levels of formal assistance.

6.2.4 Framework for analysis

Data analysis was conducted by PhD student MD, using SPSS Version 15.0, and was supported by co-grant holders PH and KG. Unless specified, analysis was completed on the scenarios excluding repeats.

Identifying which cues explain the greatest variance in decision making by professionals

Various approaches to statistical analysis have been applied in the context of judgement analysis research to explore judgement policies. Smith and Gilhooly (2006) used judgement analysis to explore general practitioners (GP) decision policies about whether to prescribe medication to treat patients with symptoms of depression, and compared the results achieved using two distinct analysis techniques. Regression analysis was used to determine the relative importance of different cues available to the GP and those that significantly influenced decision making. Smith and Gilhooly (2006) compared this to a ‘fast and frugal’ model (Gigerenzer & Todd, 1999), which suggests that people use minimal cues to make decisions and therefore it is not a case of how different information is weighted but rather which cues are ‘critical’ to decision making. Model fit was tested by examining how well the regression model and the ‘fast and frugal’ model could predict GP prescription decisions, with the regression model being found to be slightly more effective. The fact that the regression model was only minimally more predictive despite the additional information was used to support the value of the fast and frugal approach.

Smith and Gilhooly (2006) noted that the fast and frugal model works best when measuring dichotomous judgements (such as ‘Yes’ versus ‘No’), as these provide a definitive indication of the impact of each addition of a piece of cue information. This means the number of cues needed to result in a judgement outcome can be clearly identified. This approach would not apply well to the financial elder abuse judgement analysis given the continuous scale dependent variables. In addition, the cues in the

financial abuse case scenarios included a mixture of ordinal and dummy variables that could not be meaningfully translated to test a fast and frugal model.

Multiple regression analysis is the predominant approach taken in judgement analysis research, modelling participant's judgement policy using their weighting of the cue information (Cooksey, 1996). The different cues can then be directly compared, identifying those with a significant influence on judgement. Results are often reported in research at a group overall level. Approaches to summarising regression analysis findings have included identifying the number of participants who gave each cue the strongest weighting (MacCormick & Parry, 2006) as well as reporting the average weighting of each cue across the group in graphical form (Harries & Gilhooly, 2003).

Conducting multiple regression analysis in the context of the financial elder abuse judgements involved a slightly different process and interpretation, due to the nature of the financial abuse cues; a number of which had to be recoded into dummy variables (see the example in Table 6.6). When conducting regression analysis with dummy variables, the unstandardized beta coefficients should be used in the regression equation rather than the standardised beta coefficient (Cohen, 1983). This is because the unstandardized beta coefficient represents the impact of a unit change in the cue (i.e. presence or absence of the dummy variable category), which is more meaningful than the standardized beta coefficient that represents the impact of a change of one standard deviation unit (Field, 2009).

In a regression equation with one dummy variable, unstandardized coefficients are interpreted as showing the change in dependent variable versus the reference category (Hardy, 1993). For instance, using the example in Table 6.6, the change in mean certainty of abuse where the identifier of the abuse was a family member versus the individual ('You'). With multiple dummy variables, interpretation alters slightly, to show the impact of each category on the dependent variable, controlling for change in the dependent variable caused by all the other independent variables (Hardy, 1993). Although the interpretation of unstandardized coefficients is useful to establish the effects of each cue-category, it does mean that the regression beta weights cannot be compared to assess cue weighting.

In the financial abuse case scenarios, the impact of being in one particular cue-category versus another was examined using t-tests (Hardy, 1993). T-tests were

used to establish if there was a significant difference in certainty of abuse where a case involves one type of financial problem compared to another. The Bonferroni correction was applied to determine an adjusted significance level to account for the fact that multiple t-test comparisons were needed. The aim of this was to reduce the likelihood of a Type I error resulting in incorrect identification of a significant effect (Field, 2009). This approach was selected in preference to conducting a One-way Anova to compare the cue categories, because this would have required treating the cues as single independent variables rather than groups of dummy variables. Despite the resulting effect of having to adjust the significance level, it is hoped this resulted in a more consistent treatment of the cues throughout the analysis.

Although the cue categories had to be represented as separate dummy variables, it was also important to consider how the overall impact of each cue could be determined. For instance, looking at the overall effect of the financial problem suspected rather than comparing each type of financial problem. This issue was addressed by running multiple regression analyses excluding each cue group in turn. The R^2 for the model without each cue group could then be subtracted from the R^2 for the model overall, to establish a 'usefulness coefficient' or squared semi-partial correlations (Cooksey, 1996). The significance of the R^2 for each cue group (usefulness coefficient) could then be tested by conducting an incremental *F* test (Hardy, 1993). This compares the R^2 for the reduced versus the full regression model to establish if there is a significant change in judgements as a result of the cue, having controlled for the other cues. Working examples of this are provided in the reporting of the results.

Multiple regression analysis was conducted to explore how the financial elder abuse cues influenced professionals' judgements of certainty of abuse, as well as likelihood of action being taken. This approach was not used to explore the relationships between the financial elder abuse cues and the action choices. One option for such analysis could have been to conduct logistic regression analysis to predict each action choice (e.g. 'Monitor situation' either 'Yes' or 'No') based on the levels of the financial elder abuse cues. It was decided not to conduct this analysis because participants could select any combinations of the action choices, therefore, analysis of each individual action choice in isolation would not have reflected the nature of how professionals were able to select from the full range of actions.

Professionals' choice of what actions they would take in response to financial elder abuse was instead analysed by considering the 'highest' level of action selected in response to each scenario. For instance, for the social care and health professionals, 'Monitor situation' was at the lower end of the action choices, whilst 'Implement safeguarding procedures' was the highest or strongest action that could be selected (See Table 6.3 for full details of the action options). The most common action choice was also examined, and in addition, correlation analysis was conducted to explore the relationship between both certainty of abuse and likelihood of action scores, and the number of actions and strength of actions selected.

Exploring whether demographic characteristics show any relationship with decision making

Cluster analysis can be used in judgement analysis research to identify participants who make judgements in a similar way. There are various approaches as to how cluster groups can be identified. One approach is to group based on cue weights, to identify participants who prioritise cues in the same way. This approach has been used as part of judgement analysis research to investigate how surgeons determine a patient's priority for elective surgery (MacCormick & Parry, 2006). Surgeons (n=60) were asked to judge 32 case scenarios, each containing seven cues relating to the patient's condition. Cluster analysis of the regression beta weights was conducted to group surgeons according to how they weighted the cues. Results reported two cluster groups, one who used three significant cues, and the other six. Although this approach provides a clear distinction between groups based on cue weighting, it would not apply well to the financial abuse research due to nature of the cues of financial abuse, which consisted of multiple dummy variable categories. This would not provide a clear differentiation between groups based on the cues overall, as each cue would be represented by variables whose weighting is tied to the selected reference category in each instance.

An alternative approach is to group participants according to their raw scoring of the scenarios. Cooksey (1996) called this approach to cluster analysis a form of "Judgment performance typing". This identifies professionals who tended to make similar judgements, therefore suggesting they adopt a similar policy. Characteristics of the cluster groups can then be compared such as demographic characteristics.

This enables consideration of whether participants' judgements can be distinguished on the basis of factors such as age or gender.

Identifying which participants are the most consistent decision makers

Using the judgement analysis approach, a professional's judgement reliability can also be examined. By including repeated scenarios, judgements of the repeated instances can be compared to those given when the scenarios were seen initially. For example, Jacklin, Sevdalis, Harries, Darzi and Vincent (2008) gave 30 trainee surgeons a series of case scenarios of patients who required a cholecystectomy (operation to remove the gallbladder), and asked them judge the likelihood that they would choose to change from conducting keyhole to open surgery based on information about the patient's condition. The participants were shown 64 case scenarios, of which 20 were repeated. The correlation between judgements of risk of the repeated cases versus when they were first judged ranged from 0.47 – 0.98, with a mean of 0.77. This was seen as an indicator of the degree of variation between participants in their judgement consistency. This type of analysis is useful because it provides an indication of the expertise of different professionals.

In the context of the financial abuse case scenarios, if participants adopted a consistent approach to decision making they would be expected to made similar judgements when faced with a repeated scenario, including their certainty of abuse, likelihood of action and selecting what actions they would take. Consistency of actions selected was measured using the following formula, developed by grant holder KG:

$$\text{Action consistency} = \frac{\text{Total no. of matched actions} * 2}{\text{Overall sum of actions}}$$

'Total no. of matched actions' was a measure of how many of the same actions participants chose in response to a scenario at both original and repeat presentation. For instance, for the social care and health professionals this was from a maximum

of 90 (15 repeated scenarios * 6 actions). The 'Overall sum of actions' was the number of actions each participant selected across the original and repeat scenario sets, from a possible total of 180 for the social care and health professionals (30 scenarios including 15 original, 15 repeat * 6 actions). Researcher MD generated action consistency scores for each participant in SPSS. Higher consistency scores (from a possible range, 0 - 1) indicated participants who tended to select the same actions in response to a repeated scenario.

An additional measure that can be used in judgement analysis research to assess the expertise of professionals is the Cochran-Weiss-Shanteau (CWS) index (Weiss & Shanteau, 2003). The CWS index was developed to measure expertise in situations where the accuracy of judgements could not easily be determined. Expertise is assessed based on the judgements made, rather than any external criteria (Weiss & Shanteau, 2003). This could be applied in relation to financial elder abuse decision making, given that there is no clear criteria for assessing if professionals' have correctly identified suspected abuse. The CWS index represents a ratio of discrimination between judgements of different situations, versus consistency when faced with identical situations. Higher CWS scores indicate good discrimination and low inconsistency, therefore suggesting a high level of expertise (Weiss & Shanteau, 2003). CWS is measured as follows:

$$CWS = \frac{\text{Discrimination}}{\text{Inconsistency}}$$

The CWS index was used by Rassafiani et al. (2009) to compare the expertise of occupational therapists when determining the management of children with cerebral palsy who were experiencing upper limb hypertonicity (extreme tension). Occupational therapists (n=18) viewed 110 case scenarios, which included 20 repeated scenarios. They had to select one of seven options for the management of each case, which were presented in increasing level of invasiveness. CWS scores were calculated for each participant to determine how consistent they were in their judgement of the repeated cases, as well as their ability to discriminate between cases. Cluster analysis of the CWS scores identified two groups of participants, one labelled 'high performers' who showed better discrimination and consistency than the 'low performers' group. Rassafiani et al. (2009) reported that there was no significant difference between the two groups in terms of their years of experience, and used this to evidence the need to focus on applying measures in addition to years in job role to determine expertise.

The CWS Index was thought to show a good application to judgements in relation to financial elder abuse, to provide an additional means of distinguishing between professionals performance. This would complement analysis of judgement consistency, and cluster analysis with consideration of the demographic characteristics of different cluster groups. An illustration of the steps taken to generate discrimination, inconsistency and CWS scores in Phase II can be found in Appendix 6.8. The scores were calculated following the explanation of the measures provided in *CWS: A User's Guide* (k-state.edu/psych/cws), as well as the explanation in Friel, Thomas, Shanteau and Raacke (2002).

6.3 Summary

- The methods employed in Phase II were described in this chapter. In Phase II of the research, a quantitative approach was chosen to investigate the relationship between the cues of financial elder abuse, and how professionals made judgements of certainty of abuse and the likelihood that they would take action.

- A factorial survey approach was selected applying a fractional factorial design to present professionals with financial elder abuse case scenarios containing different combinations of the cues of financial elder abuse.

- The participant sample was made up of social care professionals (n=70), health professionals (n=82) and banking professionals (n=70).

- Social care and health professionals completed a separate Phase II online task to the banking professionals.

- Multiple regression analysis with dummy variables was conducted to explore the influence of the financial elder abuse cues on professionals' judgements of certainty of abuse and likelihood of action. To supplement regression analysis, t-tests were conducted to compare the impact of each cue category on judgements, and incremental f-tests were calculated in order to assess the overall impact of each cue.

- Professionals' action choices were examined to consider the 'strongest' action selected as well as the most common action choice. The relationship between certainty of abuse, likelihood of action and action choices was also considered.

- In order to assess the impact of demographic characteristics on decision making, a cluster analysis based on raw judgement scores was conducted to compare the characteristics of different cluster groups.

- Judgement consistency was measured by considering the correlations between judgements of both certainty of abuse and likelihood of action in response to repeated scenarios. Consistency of action choices in response to repeated scenarios was also examined.

- In order to assess professionals' level of expertise, CWS Index scores were calculated to measure how well professionals could discriminate between different situations as well as their ability to make consistent judgements.

Chapter 7 Phase II results: Modelling financial elder abuse cue usage by social care and health professionals

This chapter presents the findings from Phase II of research with the social care and health professionals. In Phase II, participants were shown financial abuse case scenarios, with the aim being to determine how the cues of financial abuse incorporated in the case scenarios influenced their judgements. The results show how professionals used the financial abuse cues to reach judgements about the cases. The judgement policies of individual professionals are explored, as well as distinctions between social care and health professionals and consideration of cue usage at an overall level. Findings regarding the impact of the decision maker's characteristics on judgements are explored, as well as the degree of judgement consistency shown. In the discussion section, the results are evaluated in the context of previous literature considering implications for the detection of financial elder abuse by social care and health professionals.

7.1 Introduction

In Phase II of research participants were presented with case scenarios about suspected financial elder abuse and were asked to make judgements about each case, as if they had encountered it in their working life. The aims of this phase of research were to determine how professionals used the financial abuse cue information when making judgements, and to explore whether demographic characteristics had any influence on judgements made. Evidence from analysis of professionals' judgements could then be used to identify those who showed a consistent approach to decision making. The Phase II research questions were as follows:

1. Which case features (cues) explain the greatest variance in decision making by professionals?
2. Do participant demographic characteristics show any relationship with decision making?
3. Which participants are the most consistent decision makers?

7.2 Results

Descriptive findings from analysis of the social care and health professionals' judgements of financial abuse case scenarios is presented prior addressing the Phase II research questions.

Characteristics of certainty of abuse and likelihood of action judgements

To measure the characteristics of ratings of certainty of abuse and likelihood of action, average (mean) judgement scores in response to each scenario were calculated. Descriptive statistics for certainty and likelihood scores are presented in Table 7.1 below.

Table 7.1: Mean, SD and range of certainty of abuse and likelihood of action

	Certainty (%)	Likelihood (%)
Mean	55	63
SD	14	17
Range (Min – Max)	56 (21 – 77)	66 (19 – 85)

Scenario n = 50

The relationship between participants' certainty of abuse and their likelihood of action in response to each scenario was measured using Pearson's correlation. There was a strong positive correlation between average certainty and likelihood [r = .98, n=50, P < .001] suggesting a higher certainty of abuse was accompanied by a higher likelihood of action being taken.

A paired sample t-test showed that there was a significant difference between average certainty of abuse (M=54.80, SD=2.00) and likelihood of action (M=63.32, SD=2.43), t(49) = -13.38, P < .001, *r* = .89. Therefore, despite the positive association between the two measures, the likelihood of participants taking action was generally higher than the level of certainty of financial abuse.

The scenarios were sorted in descending order according to average (mean) certainty and likelihood scores (see Appendix 7.1) to identify the scenarios that received the maximum and minimum values. Table 7.2 shows the four scenarios rated the highest (i.e. cases where participants were most certain abuse was taking place, and were most likely to take action). Shading is used to highlight the common features across the scenarios shown.

Table 7.2: The four scenarios rated as the highest average (mean) certainty of abuse and likelihood of action

ID	Certainty (%)	Likelihood (%)	Age	Gender	Identifier of abuse	Financial problem	Physical Capacity	Mental capacity	Living circs
42	77	85	76	Male	You notice	Building work	Minor health problems	Extremely confused	Own home with care package
8	75	83	86	Male	You notice	Building work	Minor health problems	Extremely confused	Own home
1	73	82	66	Female	Family member	Changed will	No health problems	Extremely confused	Own home with care package
18	73	82	66	Male	You notice	Changed will	No health problems	Extremely confused	Sheltered accommodation

In three of the four highest rated scenarios, the suspected abuse was identified by the participant personally (You notice) and involved a male older person. In all of the top four cases, the older person's mental capacity was recorded as 'Extremely confused and forgetful'.

The scenarios with the lowest certainty of abuse and likelihood of action are shown in Table 7.3 below. This identifies cases where participants did not think abuse was taking place, and they were unlikely to take any action.

Table 7.3: The four scenarios rated by participants as the lowest average (mean) certainty of abuse and likelihood of action being taken

ID	Certainty (%)	Likelihood (%)	Age	Gender	Identifier of abuse	Financial problem	Physical capacity	Mental capacity	Living circs
33	38	48	76	Male	Friend	Minimal money	No health problems	Fully mentally aware	Own home
17	39	48	76	Female	Family member	Minimal money	Minor health problems	Fully mentally aware	Own home
2*	41	46	86	Male	Older person	A changed will	Minor health problems	Fully mentally aware	Own home
21	45	60	86	Female	You notice	Overdrawn account	Major health problems	Fully mentally aware	Own home with care package

* Scenario 2 had the lowest likelihood of action score

Across the scenarios rated lowest by participants all involved an older person who was 'Fully mentally aware'. Three of the four lowest rated scenarios ordered by certainty and likelihood also involved someone who was still living in their own home.

Pearson's correlation was also calculated between the time spent judging each scenario, and the average certainty of abuse (%) and likelihood of taking action (%) (see Table 7.4).

Table 7.4: Pearson correlations between scenario judgement time, certainty of abuse, and likelihood of action

Judgement (%)	Judgement time (secs)
Certainty of abuse	.59 ***
Likelihood of taking action	.66 ***

N =50 *** P < .001

The time spent judging each scenario showed a strong positive relationship with both measures. Longer time spent judging a scenario was associated with higher certainty of abuse and likelihood of action.

In the following section the results of regression analysis are presented to compare the impact of the seven scenario cues on decision making.

Which cues explain the greatest variance in decision making by professionals?

The normality of the data was assessed prior to running regression analysis by creating a histogram of the standardized residuals for average certainty of abuse and likelihood of action judgements across the participants (Cooksey, 1996). Standardized residuals are a measure of the difference between actual scores of certainty and likelihood values compared to how a participant would score a scenario based on their regression weights. A histogram of the standardized residuals from judgements of certainty of abuse showed a relatively normal distribution of scores. Normal distribution was also identified for likelihood of action judgements.

Hierarchical regression analysis with blockwise entry was conducted to explore the extent to which judgements of certainty of abuse and likelihood of action could be

predicted based on the levels of the cues presented in each scenario. The variable order was determined by the order of presentation in the case scenarios. Regression analysis took place at both the individual participant level, and for the group overall. At the participant level, the dependent or outcome variable was each individual's judgements of certainty of abuse or likelihood of action, with the scenario cues as the predictor or independent variables. Scenarios with blank cue level information for 'Identifier of abuse' and 'Financial problem suspected' (n=7) were excluded from the regression analysis because of the perfect collinearity between instances of 'blank' cue level information for the two variables. Analysis was therefore conducted on each participant's certainty and likelihood scores for n=43 scenarios.

The mean number of statistically significant cues of certainty of abuse at the participant level was 3 out of a possible 19, with a range from 0 – 10. R^2 ranged from 27 – 92%, with a mean of 65%. The mean number of statistically significant cues of likelihood of taking action was also 3 out of a maximum of 19, with a range from 0 – 9. R^2 ranged from 32 – 91%, with a mean of 63%. A selection of the individual participant level regressions to predict likelihood of action (participants 1 – 25) is presented in Appendix 7.2.

To illustrate the pattern of results emerging from participant level regression analysis, Table 7.5 presents the seven scenario cues in order of the number of times they emerged as significant in the regression equation. It is suggested as good practice to report the reference category included in regression with dummy variables (Polissar & Diehr, 1982) and these are shown in italics.

Table 7.5 No. of times each cue was a significant predictor of certainty of abuse and likelihood of action. Categories presented in descending order of cue sum by certainty.

		Certainty (n =152)		Likelihood (n = 151) **	
Cue *(Reference category)*	Category	Category total	Cue sum*	Category total	Cue sum*
Financial problem suspected *(Family concerned about loss of inheritance)*	Stealing from the home or person	38	213	29	193
	Financial anomalies in accounts or bills	38		29	
	Rogue traders	38		37	
	Misuse of power of attorney authority	36		35	
	Recent change to the person's Will	35		39	
	Anomalies between finances and living conditions	28		24	
Mental capacity		79	79	89	89
Living circumstances *(Own home)*	Care package	11	39	6	33
	Sheltered accommodation	10		9	
	Nursing home	7		6	
	With family	6		4	
	Residential care	5		8	
Identifier of abuse *(You)*	Older person	10	32	11	45
	Friend	8		6	
	Family	7		13	
	Professional	7		15	
Physical capacity		12	12	13	13
Age		10	10	7	7
Gender	Male	4	4	6	6

*Cue sum = Sum of the category total values within each cue

** n= 151 for likelihood regression analysis as one participant was excluded on the basis of recording '100%' for likelihood of action in response to all scenarios.

Table 7.5 shows that the presence of specific financial problems emerged most frequently as a significant predictor of both certainty of abuse and likelihood of action being taken, followed by the mental capacity of the older person.

Regression analysis – Certainty of abuse

Regression analysis was also conducted at a group level to predict average certainty of abuse for the social care and health professionals (n=152). Table 7.6 below provides the results for the final model solution including all the scenario cues. Shading is used to denote significant independent variables.

Table 7.6: Regression analysis to predict average certainty of abuse for the social care and health professionals.

Variance explained		89%			
Cue *(Reference cat.)*	Category	*B*	*SE B*	*t*	*p*
	(Constant)	42.34	8.13	5.21	.00
Age		-0.05	0.08	-0.62	.54
Gender	Male	0.75	1.72	0.44	.67
Identifier of abuse *(You)*	Family	-2.08	2.44	-0.85	.40
	Professional	-0.79	2.21	-0.36	.72
	Subject	-3.10	2.38	-1.30	.21
	Friend	-2.74	2.15	-1.28	.21
Financial problem suspected *(A relative concerned about loss of inheritance)*	Change to the person's will	3.21	2.96	1.09	.29
	Stealing	0.63	2.84	0.22	.82
	Anomalies in accounts or bills	-4.42	2.90	-1.53	.14
	Rogue traders	10.18	3.26	3.12	.00
	Misuse of POA authority	8.13	2.95	2.75	.01
	Anomalies between finances and living conditions	-6.43	2.86	-2.25	.03
Living circs *(Own home)*	Care package	2.35	2.56	0.92	.37
	With family	1.17	2.48	0.47	.64
	Sheltered	0.02	2.28	0.01	.99
	Residential care	1.96	3.06	0.64	.53
	Nursing home	2.99	3.41	0.88	.39
Physical capacity		1.60	1.02	1.57	.13
Mental capacity		7.69	0.97	7.93	.00

The results show that there was a significant impact of the financial problem suspected dummy variables of 'Rogue traders', 'Misuse of power of attorney authority' and 'Anomalies between finances and living conditions'. In addition, mental capacity was also significant. Results for the variable 'mental capacity', show that if the remaining scenario cues are controlled, each increase in concern about mental capacity (e.g. from 'Fully mentally aware', to 'At times slightly confused'), increases certainty of abuse by 8%. The dummy variable results show the difference between each category and the reference group with the other scenario cues controlled. For example, where financial problems involved rogue traders, certainty of abuse was 10% higher than for cases where a relative is concerned about loss of inheritance (the reference group) controlling for all the additional scenario cues.

Certainty scores in different circumstances can be calculated using the regression equation shown below, and substituting the relevant B values for the dummy variable categories of interest.

$$\text{Certainty of abuse} = 42.34 - 0.05_{\text{Age}} + 0.75_{\text{Gender}} + B_{\text{Identifier}} + B_{\text{Financial problem suspected}} + B_{\text{Living circumstances}} + 1.60_{\text{Physical capacity}} + 7.69_{\text{Mental capacity}}$$

In addition to using the overall regression analysis to consider each cue and dummy variable category in isolation, further analysis was needed to compare the relative impact of the seven cues. Incremental F-tests were conducted to test if the variance attributable to each cue was statistically significant. In the incremental F-tests the cues are no longer considered as dummy variables, and so can be directly compared. Following the process outlined by Hardy (1993), the overall regression analysis was rerun, excluding each cue or set of dummy variables in turn to identify the resulting change in R^2. The F-test then measured whether the change in R^2 was significant, taking into account the sample size and the number of variables in the model. The results are shown in Table 7.7 below.

Table 7.7: Model R^2, squared semi-partial correlations and F-test results for each financial abuse cue predicting mean certainty of abuse

Cue	Model R^2 (where cue is excluded)	Squared semi-partial correlation	F-test
Age	88.8%	0.002	0.39
Gender	88.9%	0.001	0.19
Identifier of abuse	87.7%	0.013	0.67
Financial problem	62.5%	0.266	9.27***
Living circumstances	88.2%	0.008	0.34
Physical capacity	87.8%	0.012	2.46
Mental capacity	59.0%	0.300	62.88***

*** p = < .001

The Model R^2 value represents the variance explained by the regression model excluding each cue or set of dummy variables (e.g. when the living circumstance information was excluded, R^2 was 88.2%). The squared semi-partial correlation is the difference between the R^2 for each model and the R^2 for the overall regression model, which was 89.0%. The F-test results show that the older person's mental capacity, and the nature of the financial problem suspected explain a significant amount of the variance in certainty of abuse scores. This supports the findings from individual participant level regression analysis, which selected the same two cues as significant predictors of abuse in the highest number of instances.

T-tests of the regression coefficients were conducted to explore the relationships between the categories of financial problem suspected and associated certainty of abuse. In order to control the Type I error rate (falsely identifying a significant difference) associated with running multiple t-tests, Bonferroni correction was applied which adjusts the significance level to .002, to account for the number of comparisons being made (.05 / 21) (Field, 2009). When conducting t-tests of regression coefficients, degrees of freedom are calculated using the following formula: N – *p* – 1 (Field, 2009). In this instance, N refers to the number of scenarios and *p* is the number of cue categories. This results in a *df* of 23 (43 – 19 – 1). The results of t-test of the regression coefficients for the financial problem suspected categories are shown in Table 7.8 below. Shading is used to denote significant differences.

Table 7.8: T-tests of regression coefficients: Comparing certainty of abuse by the different categories of financial problem suspected

Category of financial problem suspected	Recent change to a person's will	Stealing from the home or person	Financial anomalies in accounts or bills	Rogue traders	Misuse of power of attorney authority	Anomalies between finances and living conditions
Stealing from the home or person	t(23) = 1.08, *NS,* *r* = .22					
Financial anomalies in accounts or bills	t(23) = 3.10, *NS,* *r* = .54	t(23) = 2.11, *NS,* *r* = .40				
Rogue traders	t(23) = -2.03, *NS,* *r* = .39	t(23) = -2.84, *NS,* *r* = .51	t(23) = -4.41, *p* = < *.001,* *r* = .68			
Misuse of power of attorney authority	t(23) = -1.92, *NS,* *r* = .37	t(23) = -3.06, *NS,* *r* = .54	t(23) = -5.00, *p* = < *.001,* *r* = .72	t(23) = 0.61, *NS,* *r* = .13		
Anomalies between finances and living conditions	t(23) = 3.36, *NS,* *r* = .57	t(23)= 2.63, *NS,* *r* = .48	t(23) = 0.73, *NS,* *r* = .15	t(23) =5.12, *p* = < *.001,* *r* = .73	t(23) =5.26, *p* = < *.001,* *r* = .74	
A relative concerned about loss of inheritance	t(23) = 1.09, *NS,* *r* = .22	t(23) = 0.22, *NS,* *r* = .05	t(23) = -1.53, *NS, r* = .30	t(23) = 3.12, *NS, r* = .55	t(23) = 2.75, *NS, r* = .50	t(23) = -2.25, *NS,* *r* = .42

Table 7.8 shows that cases involving rogue traders, had a significantly higher certainty of abuse than cases involving anomalies between finances and living conditions as well as financial anomalies in accounts or bills. Similarly, cases where there was suspected misuse of the power of attorney authority had a significantly higher certainty of abuse than cases involving anomalies between finances and living conditions, as well as financial anomalies in accounts or bills. There were no other significant differences between the remaining combinations of financial problems suspected.

Regression analysis – Likelihood of action

Data analysis was then repeated for likelihood of action judgements. The results of regression analysis to predict average likelihood of taking action based on the scenario cue information are presented in Table 7.9 below. The results represent the final model solution including all the scenario cues.

Table 7.9: Regression analysis to predict average likelihood of action for the social care and health professionals

Variance explained		88%			
Cue (Reference cat.)	Category	*B*	*SE B*	*t*	*p*
	(Constant)	46.27	8.62	5.37	.00
Age		-0.06	0.09	-0.65	.52
Gender	Male	0.71	1.82	0.39	.70
Identifier of abuse *(You)*	Family	-2.59	2.59	-1.00	.33
	Professional	-0.22	2.34	-0.09	.93
	Older person	-2.93	2.52	-1.16	.26
	Friend	-2.66	2.28	-1.17	.26
Financial problem suspected *(A relative concerned about loss of inheritance)*	Recent change to a person's will	5.18	3.14	1.65	.11
	Stealing from the home or person	2.90	3.01	0.97	.34
	Financial anomalies in accounts or bills	3.84	3.07	1.25	.22
	Rogue traders	11.35	3.46	3.28	.00
	Misuse of power of attorney authority	10.24	3.13	3.27	.00
	Anomalies between finances and living conditions	-1.90	3.04	-0.63	.54
Living circs *(Own home)*	Care package	3.05	2.71	1.12	.27
	With family	-0.34	2.63	-0.13	.90
	Sheltered accommodation	1.52	2.42	0.63	.54
	Residential care	2.57	3.24	0.79	.44
	Nursing home	2.85	3.62	0.79	.44
Physical capacity		1.91	1.08	1.76	.09
Mental capacity		8.84	1.03	8.60	.00

The results show a significant impact of the older person's mental capacity, and two of the categories of financial problem suspected; 'Rogue traders', and 'Misuse of power of attorney authority'. With each stage of decline in mental capacity, likelihood of action increased by 9%, controlling for the remaining cues. The dummy variables show the difference between each category versus the reference group, again

controlling for all the additional cues. For instance, for financial problems involving rogue traders, likelihood of action was 11% higher than for cases involving a relative concerned about loss of inheritance (the reference group) if all the other cues are controlled. Likelihood of action judgements could then be calculated for different combinations of the cue variables, using the formula below and substituting the relevant subgroup means.

Likelihood of action = $46.27 - 0.06_{\text{Age}} + 0.71_{\text{Gender}} + B_{\text{Identifier}} + B_{\text{Financial problem suspected}} + B_{\text{Living circumstances}} + 1.91_{\text{Physical capacity}} + 8.85_{\text{Mental capacity}}$

To compare the impact of each cue, incremental F-tests were conducted, mirroring the process outlined when exploring the impact of the cues on certainty of abuse, to determine the impact of each cue as a whole. The results are shown in Table 7.10 below.

Table 7.10: Model R^2, squared semi-partial correlations and F-test results for each financial abuse cue predicting average likelihood of action

Cue	Model R^2 (Excluding cue)	Squared semi-partial correlation	F-test
Age	87.9%	0.002	0.42
Gender	88.1%	0.001	0.15
Identifier of abuse	86.9%	0.013	0.63
Financial problem suspected	72.8%	0.153	4.96**
Living circumstances	87.0%	0.011	0.44
Physical capacity	86.6%	0.016	3.10
Mental capacity	50.0%	0.381	74.01***

** p = < .01, *** p = < .001

The F-test results show that the older person's mental capacity, and the nature of the financial problem suspected explained a significant amount of the variance in likelihood of action scores. The relationship between mental capacity and likelihood of action can be seen from the regression analysis (as mental capacity deteriorates likelihood of action increases). T-tests of the regression coefficient were conducted to explore the relationship between likelihood of action and the dummy variables representing the nature of the financial problem suspected. An adjusted significance

level of .002 was used to minimise the likelihood of a Type I error (Field, 2009). The results are reported in Table 7.11 below.

Table 7.11: T-tests of regression coefficients: Comparing likelihood of action by the different financial problem suspected categories

	Recent change to a person's will	Stealing from the home or person	Financial anomalies in accounts or bills	Rogue traders	Misuse of power of attorney authority	Anomalies between finances and living conditions
Stealing from the home or person	t(23) = 0.90, *NS,* *r* = .18					
Financial anomalies in accounts or bills	t(23) = 0.51, *NS,* *r* = .11	t(23) = -0.37, *NS,* *r* = .08				
Rogue traders	t(23) = -1.70, *NS,* *r* = .33	t(23) = -2.37, *NS,* *r* = .44	t(23) = -2.14, *NS,* *r* = .41			
Misuse of power of attorney authority	t(23) = -1.86, *NS,* *r* = .36	t(23) = -2.82, *NS,* *r* = .51	t(23) = -2.40, *NS, r* = .45	t(23) = 0.31, *NS, r* = .06		
Anomalies between finances and living conditions	t(23) = 2.33, *NS,* *r* = .44	t(23)= 1.69, *NS,* *r* = .33	t(23) = 1.98, *NS, r* = .38	t(23) =3.85, *p* = < *.001,* *r* = .63	t(23) =4.14, *p* = < *.001,* *r* = .65	
A relative concerned about loss of inheritance	t(23) = 1.65, *NS,* *r* = .33	t(23) = 0.97, *NS,* *r* = .20	t(23) = 1.25, *NS,* *r* = .25	t(23) = 3.28, *NS,* *r* = .56	t(23) = 3.27, *NS,* *r* = .56	t(23) = -0.63, *NS,* *r* = .13

T-tests identified that likelihood of action was significantly higher in cases involving suspected rogue traders than cases involving anomalies between finances and living conditions. Similarly, cases where misuse of the power of attorney authority was suspected had a significantly higher likelihood of action than cases involving anomalies between finances and living conditions.

Regression analysis – Social care and health professionals

Following the same process as per regression at the overall level, regression analysis was also conducted separately for social care and health professionals to identify any distinctions between cue usage by profession. Average certainty of

abuse for social care and health professionals were the independent variables, with the scenario cue information forming the dependent variables. The results for regression analysis for the two groups were very similar to the overall regression findings, and are shown in Appendix 7.3 for social care professionals, and Appendix 7.4 for health professionals. The cues identified as significant by incremental F-test analysis also followed the same pattern as the overall results. A summary of the incremental F-test results for certainty and likelihood, comparing social care and health professionals can be seen in Tables 7.12 and 7.13.

Table 7.12: Incremental F-test predicting certainty of abuse

	Social care professionals			Health professionals		
Cue	Model R^2 (Exc cue)	Squared semi-partial correlation	F-test	Model R^2 (Exc cue)	Squared semi-partial correlation	F-test
Age	90.0%	0.001	0.342	87.3%	0.002	0.382
Gender	90.1%	0.001	0.158	87.4%	0.001	0.196
Identifier of abuse	89.1%	0.010	0.593	85.8%	0.017	0.765
Financial problem	62.1%	0.281	10.936 ***	61.0%	0.265	8.113 ***
Living circs	89.5%	0.007	0.313	86.4%	0.011	0.413
Physical capacity	89.2%	0.009	2.127	86.1%	0.013	2.465
Mental capacity	60.8%	0.294	68.621 ***	58.1%	0.294	54.093 ***

*** p = < .001

Table 7.13: Incremental F-test predicting likelihood of action

	Social care professionals			Health professionals		
Cue	Model R^2 (Exc cue)	Squared semi-partial correlation	F-test	Model R^2 (Exc cue)	Squared semi-partial correlation	F-test
Age	86.5%	0.006	1.088	87.6%	0.000	0.092
Gender	87.0%	0.001	0.225	87.6%	0.000	0.091
Identifier of abuse	86.1%	0.011	0.477	86.2%	0.015	0.703
Financial problem	70.6%	0.165	4.915 **	73.2%	0.145	4.498 **
Living circs	85.3%	0.018	0.642	86.6%	0.010	0.388
Physical capacity	85.6%	0.016	2.803	86.1%	0.016	2.932
Mental capacity	51.8%	0.354	63.257 ***	48.5%	0.392	73.258 ***

** p = < .01, *** p = < .001

The next section reviews the results of the certainty and likelihood cluster analysis.

Do participant demographic characteristics show any relationship with decision making?

Cluster analysis was used to identify groups of participants who made similar judgements of certainty of financial abuse and likelihood of taking action in response to the case scenarios. Hierarchical cluster analysis applying Ward's method was conducted to determine the appropriate number of groups or clusters in the data. Ward (1963) suggested that this methodology was appropriate for analysis where n >100, as per the current project (n=152). Each participant is initially viewed as an independent group (n groups). Groups are combined in stages (n-1, n-2.....) on the basis of smallest increase to the Error Sum of Squares. This process continues until one overall group has been formed (Ward, 1963).

The number of distinct clusters in the data can then be established by referring to the dendrogram produced as part of the SPSS cluster analysis output. The dendrogram illustrates the link between individual level participant clusters and how similar clusters form into groups distinct from other cluster groups. Visual inspection of the dendrogram and the natural forming of distinct groups suggested that a four cluster solution would be the best representation of the data. A copy of the dendrogram can be seen in Appendix 7.5.

To confirm the conclusions drawn from the dendrogram, an inverse scree plot was created. This mapped the coefficients for each cluster, with the point of greatest change in the slope of the plot suggesting the number of unique clusters in the data. The scree plot was created using the figures for the top 15 clusters, with cluster one being the final cluster when the cases have formed one overall group (Cooksey, 1996). The scree plot can be seen in Figure 7.1 below.

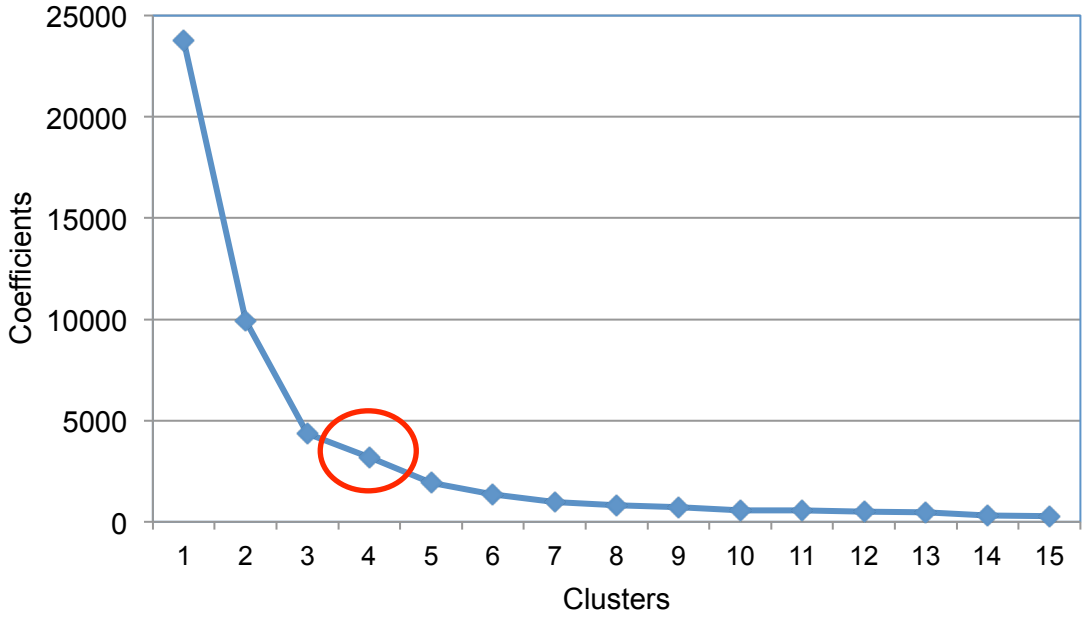

Figure 7.1: Modified inverse scree: change in Euclidean distance between clusters of social care and health professionals

The four cluster solution is presented in Figure 7.2 below.

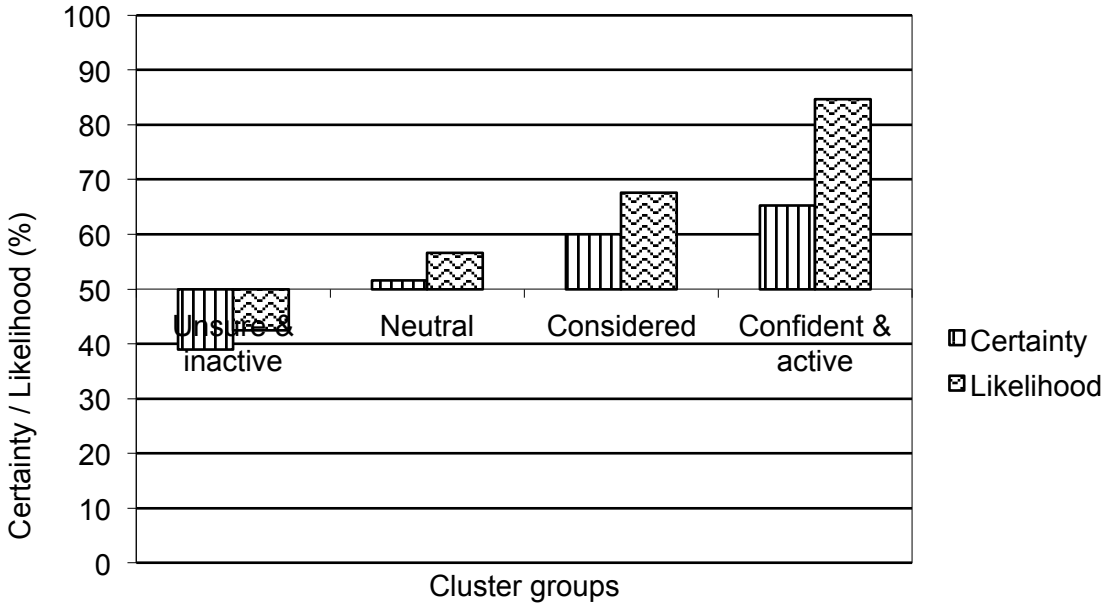

Figure 7.2: Certainty of abuse and likelihood of action cluster analysis

Figure 7.2 identifies four clusters of participants with increasing certainty of abuse and likelihood of action scores moving from left to right. Cluster labels were created to describe the judgement characteristics of each cluster group. Cluster one 'Unsure & inactive' (n=21) had the lowest scores for both measures. Cluster two 'Neutral'

(n=62) represents the largest group of participants, with mid-range scores for certainty of abuse (52%) and likelihood of taking action (57%). Cluster three 'Considered' (n=36) scored above average on certainty and likelihood. Cluster four 'Confident & active' (n=33) had the highest scores for both measures. Comparison of the clusters versus the mean scores for certainty of abuse (55%) and likelihood of action (63%) increases the distinction between the 'Unsure and inactive' and 'Neutral' clusters versus the 'Considered' and 'Confident and active' clusters'.

Crosstabs were conducted to explore the demographic characteristics of the cluster groups. The findings are presented in Table 7.14 below.

Table 7.14: Cluster group characteristics - % of participants in each cluster group by demographic characteristics (Groups less than n=5 were excluded)

		% by demographic group			
Demographics *(n-size)*		Unsure & inactive	Neutral	Considered	Confident & active
Gender	Female *(118)*	14	42	23	22
	Male *(34)*	15	38	26	21
Age	21 - 33 years *(33)*	6	48	33	12
	34-46 years *(62)*	19	32	29	19
	47-59 years *(52)*	10	48	13	29
	60+ years *(5)*	40	20	0	40
Ethnicity	White - Welsh English Scottish Northern Irish British *(128)*	16	41	23	20
	Other ethnic group *(7)*	0	57	43	0
Job Role Grouping	Administration / Coordination *(7)*	0	43	14	43
	General Practitioner *(17)*	24	41	12	24
	Nurse / Physio *(10)*	0	50	30	20
	OT *(33)*	3	52	36	9
	Practice Manager *(15)*	33	47	20	0
	Care Manager / Assist. Care Manager *(6)*	0	67	17	17
	Director / Managing Director *(7)*	14	29	0	57

Table 7.14 (Continued): Cluster group characteristics - % of participants in each cluster group by demographic characteristics (Groups less than n=5 were excluded)

Demographics *(n-size)*		Unsure & inactive	Neutral	Considered	Confident & active
Job Role Grouping	Registered Manager / Manager *(20)*	20	20	25	35
	Safeguarding Adults Manager *(9)*	11	44	0	44
	Social Care management level *(12)*	25	25	42	8
	Social Worker *(12)*	8	42	25	25
Social care / Health	Social Care *(70)*	16	33	21	30
	Health Care *(82)*	12	48	26	15
Employer	Council *(31)*	16	42	13	29
	PCT *(47)*	11	45	30	15
	Other *(58)*	16	38	24	22
Yrs current job role	< 2 years *(48)*	13	40	31	17
	3-5 years *(46)*	7	41	26	26
	6-10 years *(31)*	16	42	23	19
	11+ years *(27)*	26	41	7	26
Yrs in profession	< 4 years *(34)*	15	50	24	12
	5-10 years *(48)*	13	44	25	19
	11-20 years *(40)*	18	25	35	23
	21+ years *(30)*	10	47	7	37

Chi-square tests were conducted to explore the differences between cluster group memberships based on the different demographic groups. No effects of demographic characteristics on cluster group membership were identified for gender (X^2 (3)=0.26, p = .97), ethnicity (X^2 (33)=27.98, p = .72), job-role (X^2 (33)=44.68, p = .08), social care or health professionals (X^2 (3)=6.73, p = .08), employer (X^2 (6)=4.69, p = .55), years in current job-role (X^2 (9)=10.42, p = .32), or years in profession (X^2 (9)=15.01, p = .09). A significant relationship was found between age and cluster group membership (X^2 (9)=17.82, p =< .05). Across the age bands, those aged 21-33 years, and those aged 47-59 years tended to be in the more positive and active clusters, ‘Considered’ and ‘Confident and active’.

The next section considers how consistent participants were in their judgements by comparing judgements of the 15 repeated scenarios to how they were scored at first presentation.

Which participants are the most consistent decision makers?

Three measures of consistency were examined, including:

1. Judgement correlations: A measure of the relationship between judgements (%) on repeated scenarios versus initial presentation.
2. Action consistency: A new variable was created to compare the actions selected by participants in response to repeated scenarios against when they were seen initially.
3. CWS index scores: Participants' ability to judge different scenarios as distinct, but respond to similar situations in a consistent manner.

1. Judgement correlations

Each participant's certainty and likelihood judgements of the repeated scenario set were examined and raw scores (%) for the initial presentation of the 15 scenarios were correlated with scores for the associated repeat instances. Pearson correlation coefficient for the social care and health professionals' (n = 152) certainty of abuse ranged from r = -.15 to r = .99. Fisher's Z transformation was calculated to determine the average correlation coefficient, r = .79. Pearson correlation coefficient for likelihood of taking action ranged from r = -.18 to r = .99. The mean correlation of likelihood of action scores was r = .85.

Judgement correlations for the repeated scenario set were also measured separately for social care and health professionals, with the results reported in Table 7.15. Fishers Z test was calculated to determine if there was a significant difference between certainty and likelihood consistency scores for the different professional groups. The following equation was used, as presented in Howell (2002):

$$Z = \frac{r'_1 - r'_2}{\sqrt{\frac{1}{N_1 - 3} + \frac{1}{N_2 - 3}}}$$

Table 7.15: Correlation coefficients between judgements of repeated scenarios for social care and health professionals. N-sizes as used in the Fishers Z test.

	Certainty		n	Likelihood		n
	r	*r'*		*r*	*r'*	
Social care	.81	1.12	68	.87	1.34	65
Health	.78	1.03	81	.83	1.18	81

Scenario n = 15

Fisher's Z test identified no significant difference between certainty of abuse (Z = 0.518, p = .60) or likelihood of action consistency correlations (Z= 0.918, p = .36) for the professional groups.

2. Action consistency

Prior to assessing action consistency, a descriptive analysis of participants' action choices was conducted. The average (mean) number of actions selected for each scenario for the 152 participants was 3 out of a maximum possible of 6. Social care professionals (n=70) tended to indicate that they would take a greater number of actions in response to each scenario than health professionals (mean scores of 3 versus 2 actions out of six).

The number of times each action was selected by participants in response to each scenario was calculated. Frequency counts were then run separately for social care and health professionals in order to compare if there was a difference between the two groups in terms of their action choices. Independent sample t-tests compared the percentage of times social care and health professionals selected each action across the 50 scenarios. To aid interpretation of the results, percentage scores were used because the two groups had different n-sizes. Figures are provided in Table 7.16 below.

Table 7.16: Independent sample t-test results. The percentage of times each action was selected on average by social care and health professionals

Group	Monitor	Gather info	Consult internally	Strategy meeting	Consult outside	Implement safeguarding
Social care (n=70)	54.12%	74.66%	52.68%	28.8%	38.96%	24.68%
Health (n=82)	52.46%	67.42%	45.54%	18.78%	28.58%	18.10%
t-test	t(98)=1.12, p = .27, *r* = .11	t(98)=1.60,p = .11, *r* = .16	t(98)=1.75,p = .08, *r* = .17	t(98)=3.51, p <.001, *r* = .33	t(98)=2.93, p <.01, *r* = .28	t(89)=2.35, p < .05, *r* = .24

Scenario n = 50

Social care professionals selected that they would 'Call a strategy/team meeting', 'Consult with outside organisations' and 'Implement safeguarding procedures' significantly more than the health care professionals.

In order to consider the relationship between the number of actions participants selected in response to a scenario and their certainty and likelihood scores, Pearson's correlation coefficient was conducted. There was a strong positive relationship between the number of actions selected and participant's certainty of abuse [r = .96, n=50, p < .001] as well as their likelihood of taking action [r = .99, n=50, p < .001]. This suggests that higher certainty of abuse and likelihood of action scores were associated with participants selecting more actions.

What was the strongest action selected?

A new variable was created to identify the strongest action selected for each scenario from the six possible responses. The actions were coded 1 – 6, with '1' indicating the lowest possible response of 'Monitoring', and '6' the strongest possible response of 'Implementing safeguarding'. Pearson's correlation identified a strong positive relationship between level of action selected, and both certainty of abuse [r= .97, n=50, P < .001] and likelihood of action [r= .98, n=50, p < .001] scores in response to each scenario. Higher certainty and likelihood scores were accompanied by a stronger choice of action on the six-point scale.

Independent sample t-tests were conducted to compare the strongest actions chose by social care versus health professionals in response to each scenario. T-test results are presented in Table 7.17 below:

Table 7.17: Independent sample t-test results. How often each action was selected as the highest level of action by social care and health professionals.

Group	Monitor	Gather info	Consult internally	Strategy meeting	Consult outside	Implement safeguarding	No action selected
Social care	9.58%	15.12%	14.42%	7.54%	21.76%	24.66%	6.84%
Health	10.02%	18.04%	17.30%	6.28%	17.72%	18.28%	12.36%
T-test	t(98),= 0.19, p= .85, *r* = .02	t(98)= -1.59, p= .12, *r* = .16	t(98)= -2.20, p= <.05, *r* = .22	t(92)= 1.47, p= .15, *r* = .15	t(98)= 2.15, p= < .05, *r* = .21	t(91)= 2.28, p= <.05, *r* = .23	t(98)= -1.90, p= .06, *r* = .19

Health professionals selected that they would 'consult internally' as the strongest action significantly more than social care professionals. Social care professionals selected that they would 'Consult outside' and 'Implement safeguarding' significantly more than the health professionals.

How consistent were participants in their choice of actions?

Consistency of actions selected was measured using the following formula developed by grant holder KG, with scores generated for each participant by MD:

$$\text{Action consistency} = \frac{\text{Total no. of matched actions*2}}{\text{Overall sum of actions}}$$

Consistency scores were negatively skewed, with a majority of participants in the upper range of possible scores. Shapiro-Wilk test for normality identified that consistency scores were not normally distributed (W= .938, P< .001). As such, non-parametric Mann-Whitney U tests and Kruskal-Wallis tests were conducted to identify any significant differences between the scores for different demographic groups

within the sample. Average values presented represent the median to account for the nature of the score distribution and uneven group sizes.

The average (median) participant consistency score was .81, with a range from .33 – 1.00. Mann Whitney U tests were conducted to compare the consistency of social care and health professionals, and males versus females, and identified no significant differences between groups. Mann Whitney U test results are presented in Table 7.18 below:

Table 7.18: Mann Whitney U test results: Comparing action consistency scores by demographic characteristics

Demographic details	Category	N	Median	Min	Max	Range	Mann Whitney U test
Social care or health	Social care	70	.82	.45	1.00	.55	(*U*= 2405, *z*= -1.72, *p* = .09, *r* = -.14)
	Health	82	.81	.33	.96	.63	
Males versus female	Male	34	.76	.45	1.00	.55	(*U* = 1674, *z* = -1.47 P = .14, *r* = -.12)
	Female	118	.84	.33	.97	.64	

Table 7.18 shows that although there were no significant differences, health professionals had a larger range of consistency scores than social care professionals (.63 versus .55), and females had a larger range of consistency scores than males (.64 versus .55).

Kruskal-Wallis tests were conducted to consider differences between demographic groups with more than two categories, including job-role grouping, employer, years in current job-role and years in profession. Kruskal-Wallis test reported a significant difference between the consistency scores of participants with different job-roles (H(11) = 20.69, P = < .05). Job-role category had a significant influence on judgement consistency. Figure 7.3 illustrates the consistency scores for each job-role category.

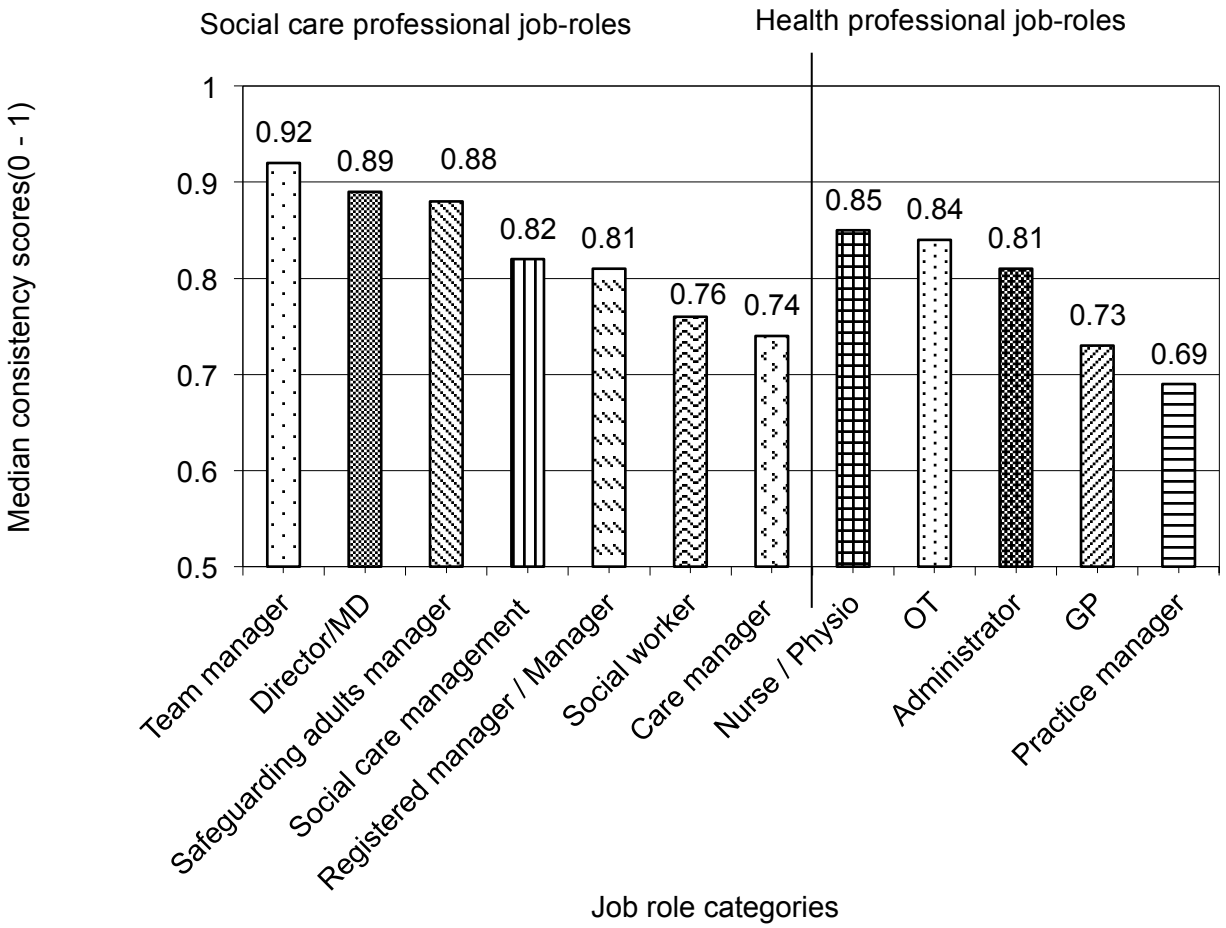

Figure 7.3: Job-role consistency scores presented in descending order for social care professionals, and health professionals.

The three job-role categories with the highest average consistency scores were social care professional job-roles. Team managers had the highest overall consistency of selected actions score (.92), followed by Directors/managing directors (.89) and Safeguarding adults managers (.88). Two of the job-role categories with the lowest consistency scores were health professional job roles. Practice managers had the lowest average consistency (.69) followed by General practitioners (.73). The social care professional job-role category 'Care managers/Assistant care managers', had the third lowest consistency score (.74). Nurses / Physiotherapists had the highest consistency score of the health professional job-role categories (.85) followed by occupational therapists (.84).

There were no significant differences in consistency scores when considered by participant age ($H(3) = 6.53$, $p = .09$) employer ($H(2) = 4.44$, $p = .11$), years in current job-role ($H(3) = 2.74$, $p = .43$) or years in profession ($H(3) = 2.59$, $p = .46$). There was

a significant difference in mean consistency scores by cluster group (H(3) = 18.45, p = < .001). Action consistency was highest in cluster groups where judgements of certainty of abuse and likelihood of action were more positive.

The next section considers how responses to the repeated scenarios can be used to establish judgement expertise using the Cochran-Weiss-Shanteau (CWS) Index.

3. CWS index scores

CWS index scores were calculated as a measure the expertise of different professionals. Discrimination, inconsistency, and CWS scores were calculated for each participant in SPSS. CWS scores were calculated for participant's judgements of both certainty of abuse and likelihood of action. Discrimination and inconsistency were calculated as variances (www.k-state.edu/psych/cws/). Figure 7.4 plots an example of one professional's scenario scores to illustrate good discrimination and consistency between the original and repeated scenarios.

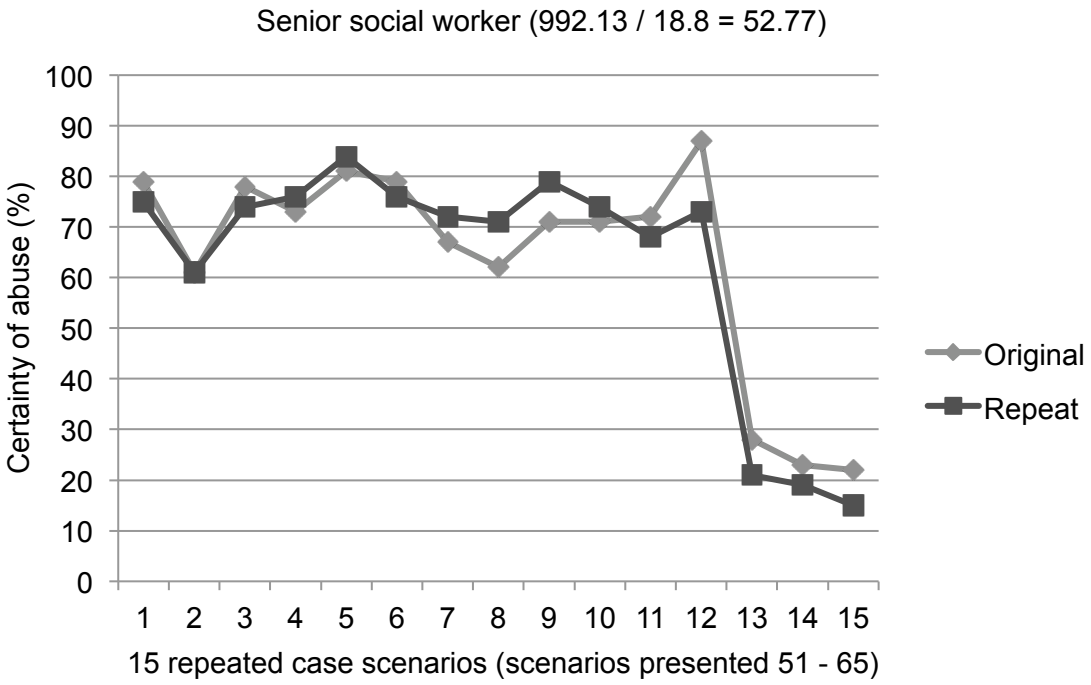

Figure 7.4: A social care professional with good judgement discrimination and consistency

Figure 7.4 plots the scenario judgements for a social care professional with a CWS index score of 52.77. This represents a discrimination score of 992.13, and an

inconsistency score of 18.8. Good discrimination can be seen in the variation in certainty scores across the 15 scenarios, and the closeness of the judgements of original and repeat scenarios demonstrates a good level of consistency.

As an additional comparison of participants CWS scores, average scores were calculated for social care and health professionals following the procedure outlined by Weiss and Shanteau (k-state.edu/psych/cws). This involved calculating the square root of the CWS scores for each participant in each professional group, and the mean of the square root for the group. The average CWS score was then the square of the group level mean. Average CWS scores are reported in Table 7.19 below.

Table 7.19: Average CWS Index scores for certainty of abuse and likelihood of action at the overall level, and for social care and health professionals separately

	Mean CWS scores		
	Overall (n=152)	Social care (n=70)	Health (n=82)
Certainty of abuse	10.24	12.46	8.47
Likelihood of action	19.45	26.52	14.21

Table 7.19 shows that social care professionals had a higher average CWS score than health professionals for both certainty and likelihood. The same procedure used to create group average CWS scores was then followed to establish average scores by job-role. CWS scores for the social care and health professional job role can be seen in Table 7.20.

Table 7.20: CWS scores by job role for social care and health professionals sorted in descending order by average Certainty CWS score

	Job-role category	Certainty CWS score	Likelihood CWS score
Social care	Safeguarding adults manager	59.75	22.47
	Social worker	13.91	22.85
	Team manager	11.49	29.70
	Director / Managing director	8.82	197.96
	Registered Manager / Manager	8.82	22.37
	Social care management level professional	5.11	7.78
	Care Manager / Assistant care manager	3.72	4.12
Health	Occupational therapist	12.05	20.16
	General practitioner	10.52	21.72
	Practice manager	5.48	10.50
	Nurse / Physiotherapist	4.28	4.45
	Administration / Co-ordination	3.75	3.10

Table 7.20 shows a greater range in CWS scores for the social care professional job roles than the health professional job roles. Safeguarding adult's managers had the highest certainty of abuse and directors/managing directors had the highest likelihood of action CWS scores. Care managers and assistant care managers had the lowest certainty of abuse and likelihood of action scores for the social care professional job roles. For the health professional job roles, occupational therapists and general practitioners had the highest CWS index scores for both measures, whilst professionals in an administration or co-ordination role had the lowest scores.

7.3 Discussion

Professionals' judgements of the financial abuse case scenarios were analysed to consider the relationship between the cues of financial elder abuse and how certain professionals were that abuse was taking place, their likelihood of taking action and the type(s) of action they would take. In addition, the relationship between demographic characteristics and judgements were examined, as well as the judgement consistency shown by different demographic groups.

Which cues explain the greatest variance in decision making by professionals?

Only two cues, the older person's 'mental capacity', and the nature of the 'financial problem suspected' explained a significant amount of variance in certainty of abuse and likelihood of action. Incremental F tests identified the two cues to be of roughly equal weighting in terms of establishing certainty of abuse, but mental capacity explained approximately double the variance of likelihood of action being taken. This extends the findings drawn from Phase I of the research in that it establishes that only a minimal number of the cues available to professionals when decision making have a significant effect, and that the cues are weighting in different ways.

The relationship between the degree of mental capacity impairment and professionals' likelihood of taking action may be expected given the implementation of the Mental Capacity Act 2005, which emphasised the responsibilities held by professionals when decision making in cases where mental capacity had been questioned. The impact of mental capacity on judgements can be illustrated by considering the scenarios judged as highest versus lowest (i.e. where professionals are most and least certain abuse is taking place), which were differentiated by levels of the mental capacity cue.

The role of mental capacity in influencing judgements may reflect that professionals consider that financial abuse is less likely where older people have full mental capacity. Previous researchers such Wiglesworth et al. (2008) have considered the association between poor mental capacity and instances of elder abuse. It may be that reflection on mental capacity as a risk factor for elder abuse explains professionals' judgements. Although mental capacity declines with age, focusing on cases where older people have limited mental capacity has implications for the types of cases of professionals are likely to detect.

The emphasis on mental capacity as a cue may also be a result of professionals having to decide cases that should be prioritised. Research by Taylor (2006b) has highlighted the possible implications of resource constraints on professional decision making. Taylor (2006b) conducted focus groups and semi-structured interviews with health and social-care professionals (n=99) working with the elderly, to investigate how they managed risk and made decisions regarding long term care plans for

where elderly patients should be best looked after. Taylor (2006b) reported that professionals had to consider risk management, to judge where resources should be placed given restrictions. In relation to financial elder abuse, based on the finding in Phase I as to how resources and time constraints can affect decision making, this may explain the need to focus on cases where the individual is seen to be at greatest risk.

Although the nature of the financial problem had a significant overall influence on professionals' judgements, comparisons between the categories of financial problems identified two in particular where certainty of abuse and likelihood of action was significantly higher than others. This included cases involving rogue traders, and situations where misuse of the power of attorney authority was suspected. This has implications for abuse detection, as it suggests that professionals should be particularly alert to these sorts of financial problems and the potential they suggest for financial abuse.

Financial elder abuse cue usage by social care and health professionals

In terms of comparisons between social care and health professionals, the cues identified as significant indictors of certainty of abuse and likelihood of action were consistent for the two groups. This supports the findings from Phase I, in that as well as social care and health professionals sharing a number of the same cues of abuse, they also used the cues in a similar way.

There were distinctions between social care and health professionals when considering the types of actions that tended to be selected in response to the financial abuse case scenarios. Social care professionals were more likely than health professionals to select actions at the higher end of the scale, such as calling a team or strategy meeting, consulting with outside organisations or implementing safeguarding procedures. This could be a factor of the role played by social services in coordinating the response to elder abuse as determined by *No Secrets* (DH, 2000). This explanation is supported by previous research, which has emphasised the role of professional specific knowledge and targeted training in determining the response to elder abuse (Killick & Taylor, 2009). The emphasis of health professionals on consulting internally as the strongest action in cases of suspected

abuse may explain why previous research has found that reports of suspected elder abuse to social services from health professionals, such as GPs in particular are poor (Almogue et al., 2010).

Overall these findings suggest a disconnect between the responses made by social care and health professionals in relation to suspected financial elder abuse, which has implications when considering elder abuse prevention as multi-agency. Discussion of the results with the financial abuse project management board considered that health care professionals might be less willing to begin dialogue with outside organisations due to concerns regarding breaking patient confidentiality. Confidentiality was also a key issue highlighted in the Phase I findings as presenting a particular challenge to decision making. Issues such as this will need to be addressed to enable effective joint working.

Increased certainty of abuse was found to be associated with an increased likelihood of action being taken, but average likelihood of action was significantly higher than certainty of abuse. In one sense this imbalance goes against previous research, which has questioned whether professionals will always take positive action to confirm suspicions of financial abuse (Wilson, 2002). Under this assumption, it could have been expected that likelihood of action would have tended to be lower than certainty of abuse. The findings could also be interpreted as reflecting that in cases where professionals are not confident whether financial abuse is taking place, they prefer to act on the side of caution and take some action. The emphasis on action may be due to an increasing awareness on the importance of adult safeguarding in social care and health professional practice, perhaps resulting from local level guideline development after the release of the national adult safeguarding guidance document *No Secrets* (DH, 2000). This could therefore reflect professionals fulfilling their responsibilities to take positive steps to address abuse, or more cynically, that they wanted to be seen to be doing the right thing.

Do participant demographic characteristics show any relationship with decision making?

The research also aimed to explore if there were characteristics of the decision maker that could explain how they made judgements. Ward's cluster analysis was conducted to group participants who tended to judge the scenarios in a similar way.

The largest cluster group was the 'Neutral' cluster who were unwilling to commit as either positive or negative in terms of whether they were certain abuse was occurring, or if they would be likely to take action. This finding could be a result of people being unsure how to detect financial elder abuse and not knowing if action should be taken, which supports concerns in the elder abuse literature by Crosby et al. (2008) regarding the effectiveness of abuse detection and action.

The different characteristics of the cluster groups were compared, to consider the gender, age and job role experience of professionals in different clusters. Previous research has suggested that demographic characteristics such as gender (Sandhu et al., 2010) and job role experience (Chen et al., 2010) can influence professional decision making. There was no significant impact of either gender or job role experience on financial abuse decision making as identified by cluster group membership. The results did identify a significant relationship between age and cluster group membership, with those in the youngest age band (21-33 years) and those aged 47-59 years tending to be in the more positive and active clusters.

Which participants are the most consistent decision makers?

The third aspect of the analysis was to determine if participants could be distinguished based on their judgement consistency, to give an indication of their judgement expertise. There was a strong positive correlation between participants' judgements of certainty of abuse in response to original and repeated scenario instances. The same pattern was also found for judgements of likelihood of taking action. This is a positive finding in that it suggests that the participant sample were experienced in making decisions in the context of financial elder abuse. There was no significant difference between the judgement consistency of social care and health professionals in terms of the raw score correlation; both were comparable high. This can be compared to the findings of CWS analysis, which identified that average CWS Index scores were higher for social care professionals than health professionals for both certainty of abuse and likelihood of action. This suggests that social care professionals showed greater discrimination than health professionals, given that CWS is a measure of both consistency and discrimination and consistency was captured as part of assessment of judgement correlations and action consistency.

Participants also showed a high degree of consistency in the actions selected in response to the repeated scenarios, but consistency scores differed significantly by job role. Analysis reported that different job roles had significantly different consistency scores. Team managers, Directors/Managing directors and Safeguarding adult's managers had the highest action consistency scores of the social care professionals. This seems intuitive given that these are the roles that commonly make decisions about what actions to take in cases where financial elder abuse is suspected.

There was also a significant difference between action consistency score by cluster group. The consistency of the different cluster groups can be used as a basis to select which cluster group should be used as a basis to train other professionals how to identify abuse if the findings were developed.

In the following section, points of critique in relation to the Phase II methodology as applied to the social care and health professional participant groups are considered.

7.3.1 Critique of the Phase II methods

One point of critique regarding the Phase II methodology concerns the decision to present the same action choices to the social care and health professionals as part of the case scenario judgements. Findings from Phase I indicated that the two professional groups shared a number of the same cues of financial elder abuse, which was used to justify presenting participants from both groups with the same Phase II task in order to directly compare cue usage. Given that in Phase I there were differences between health and social care professionals in terms of their action choices, one option would have been to present different action choices by profession in response to the same scenarios. It was ultimately decided to present the same list of action choices in reflection of the similarities between OT's and social care professionals in Phase I, as well as the benefits of using a single Phase II task in order to make direct comparisons between the two groups in terms of the judgements made.

It may be that the reported distinctions between the action choices selected by social care and health professionals reflects that the range of action choices was not

directly comparable for the two groups, meaning that it would be expected that health professionals would tend to select actions at the 'lower' end of the scale.

7.4 Summary

- Multiple regression analysis identified that only two cues; the mental capacity of the older person and the nature of the financial problem suspected, explained a significant amount of the variance in both certainty of financial elder abuse and likelihood of action being taken. The same pattern was also found when comparing average certainty and likelihood scores for social care and health professionals independently. Declining mental capacity was associated with an increase in both certainty of abuse and likelihood of action. Evidence from regression analysis and t-tests of the regression coefficients suggest that of all the financial problems encountered, cases involving suspected rogue traders, and those involving misuse of the power of attorney authority resulted in the highest certainty of abuse, and likelihood of action.

- Although there were no differences between cue usage by social care and health professionals, the action choices that tended to be made by the two groups did differ. Social care professionals selected that they would 'consult outside' and 'implement safeguarding' significantly more than the health professionals. Health professionals were more likely to 'consult internally' as the strongest action.

- Cluster analysis identified that participant judgements of certainty of abuse and likelihood of action formed four distinct clusters. Only age was found to have a significant relationship with judgements made in relation to suspected financial elder abuse as measured by cluster group membership.

- Various measures of judgement consistency were measured, including the correlation between judgements of the repeated scenario set, and CWS index scores, which capture professionals' ability to be consistent in their judgements but also discriminate between different situations.

- Social care and health professionals generally showed a high level of consistency in their judgements, although social care professionals had higher CWS index scores, than health professionals, which could suggest a greater ability to discriminate between situations.

- When considering the consistency of actions chosen, there were no significant differences between demographic groups, but scores did differ significantly by job role. Team managers, directors/managing directors and safeguarding adults managers had the highest consistency of the social care professional job roles. Nurses and occupational therapists showed the highest consistency of the health professionals. This pattern was also identified in part in CWS index scores in that safeguarding adults managers had the highest CWS scores of the social care professionals, and occupational therapists were highest for the health professionals. Action consistency scores also differed significantly by cluster group, with consistency scores significantly higher in the more positive and active clusters.

- One point of critique regarding Phase II of research with social care and health professionals was the presentation of the same action choices to the two groups. Although social care and health professionals shared a number of the same cues of abuse in Phase I of research, the differences in action choices may reflect that the choices presented to the two groups were not directly comparable.

- The findings have implications for training in terms of acknowledging the common cue usage to support interagency working, which may then address the differences in actions taken in cases of suspected abuse.

Chapter 8 Phase II results: Modelling financial elder abuse cue usage by banking professionals

This chapter describes the results of Phase II of research with the banking professional participants. In Phase II, professionals were presented with a series of case scenarios of financial elder abuse and were asked to make a number of judgements. The results show how the cues of financial elder abuse were used to judge certainty of abuse and likelihood of action being taken. Findings regarding the influence of the decision maker's demographic characteristics on judgements are presented, as well as the level of consistency shown in professionals' judgements. The chapter concludes with a broader discussion of the results considering the implications for abuse detection by banking professionals.

8.1 Introduction

In Phase I of research banking professionals described case experiences where they had suspected an older customer was being financially abused. In order to explore the influence of the financial elder abuse cues on professionals' judgements, case scenarios were developed incorporating the cues of financial elder identified in Phase I as well as cues emerging from a review of the elder abuse literature. The Phase II research questions were as follows:

1. Which cues explain the greatest variance in decision making by professionals?
2. Do participant demographic characteristics show any relationship with decision making?
3. Which participants are the most consistent decision makers?

8.2 Results

Before addressing the results relating to the Phase II research questions, general findings from analysis of the banking professionals' judgements will be discussed.

Characteristics of certainty of abuse and likelihood of action judgements

The average (mean) certainty of abuse and likelihood of action for the banking professionals (n=70) in response to each scenario was calculated. Table 8.1

provides the descriptive characteristics of average certainty of abuse and likelihood of action scores.

Table 8.1: Mean, SD and range of certainty of abuse and likelihood of action scores

	Certainty (%)	Likelihood (%)
Mean	56	63
SD	20	20
Range (Min – Max)	69 (15 - 85)	75 (14 - 89)

Scenario n=35

To assess if there was a relationship between judgements of certainty of abuse and likelihood of action, a Pearson's correlation between the two measures was calculated. A strong positive relationship was found between judgements of certainty of abuse and likelihood of action in cases of suspected financial elder abuse (r = .98, n=35,P < .001). In addition, a paired samples t-test identified a significant difference between average certainty of abuse (M=56.10, SE=3.37) and likelihood of action (M=63.24, SE =3.38), (t (34) = -10.75, P < .001, r = .77). It therefore seems that although certainty and likelihood were positively related, participant's likelihood of taking action in response to a situation tended to be higher than their degree of certainty that financial elder abuse was taking place.

To identify if there were shared characteristics between scenarios judged as the highest versus lowest certainty of abuse, the scenarios were sorted based on average certainty and likelihood scores (see Appendix 8.1). Scenarios with blank cue information were excluded to see which of the cue factors present in the scenarios were rated highest and lowest. The scenarios rated as the highest certainty of financial abuse and with the greatest likelihood of action being taken are shown in Table 8.2 below. Shading is used to indicate the common features of the highest rated scenarios.

Table 8.2: The four scenarios rated by participants as the highest average (mean) certainty of abuse and likelihood of action being taken

ID	Certainty (%)	Likelihood (%)	Age	Gender	Identifier of abuse	Reason	Health	Mental capacity	In charge of money
8	85	89	86	Male	You notice	Overseas cash prize	No health probs	Extremely confused	In charge of own money
23	83	87	66	Male	Another member of staff	Overseas cash prize	Minor health probs	Extremely confused	In charge of own money
7	78	84	96	Female	A family member	Overseas cash prize	Major health probs	Slightly confused	In charge of own money
26	77	84	76	Female	A carer	Overseas cash prize	No health probs	Slightly confused	In charge of own money

In all four scenarios rated as showing the highest certainty of abuse and the greatest likelihood of action being taken, the financial problem involved an older person asking to transfer money into an overseas bank account to claim a cash prize. The mental capacity of the older person was specified as being either extremely confused, or at times slightly confused across the four cases. The four scenarios with the lowest certainty of abuse and likelihood of action are shown in Table 8.3 below.

Table 8.3: The four scenarios rated by participants as the lowest certainty of abuse and likelihood of action being taken

ID*	Certainty (%)	Likelihood (%)	Age	Gender	Identifier of abuse	Reason	Health	Mental capacity	In charge of money
11	32	42	96	Female	A family member	Overdrawn account	No health probs	Fully mentally aware	In charge of own money
9	34	45	76	Female	A family member	Overdrawn account	Minor health probs	Fully mentally aware	In charge of own money
19	34	45	66	Male	You notice	Overdrawn account	No health probs	Fully mentally aware	In charge of own money
18	35	*49*	86	Male	Another member of staff	Overdrawn account	Major health probs	Fully mentally aware	In charge of own money

* Scenarios 9 and 19 in alternate order for certainty and likelihood

The same three scenarios were rated lowest for both certainty of abuse and likelihood of action. Common across the scenarios was that the financial problem involved an older person whose bank account was overdrawn and they did not know why. All of the lowest rated scenarios also involved older people who were fully mentally aware. Interestingly, comparison of the highest and lowest rated scenarios identifies that all involved an older person who was in charge of their own money.

Pearson's correlation was also calculated between the average time spent judging each scenario (seconds) and average certainty of abuse and likelihood of action scores. The results are shown in Table 8.4 below.

Table 8.4: Pearson's correlation between average scenario judgement time, certainty of abuse and likelihood of action

Judgement (%)	Judgement time (secs)
Certainty of abuse	.42 **
Likelihood of taking action	.49 *

N = 35

* P < .05, ** P < .01

Time spent judging each scenario showed a medium positive relationship with certainty and likelihood judgements, meaning that with increased time spent viewing a scenario, judgement scores were higher (i.e. more certain that financial abuse is taking place, and more likely to take action).

Which cues explain the greatest variance in decision making by professionals?

Normality assumptions were tested by creating a histogram of the standardised residuals for certainty of abuse and likelihood of action scores. A normal distribution of scores was identified for both measures. Hierarchical regression analysis with blockwise entry was conducted to explore the influence of the financial elder abuse cues on participants' judgements. Variable order was determined by the order presented in the case scenarios. Scenarios with blank cue level information for 'Identifier of abuse' and 'Financial problem suspected' (n=4) were excluded from the regression analysis because of the perfect collinearity between instances of blank

cue level information for the two variables. Analysis was therefore conducted on each participant's certainty and likelihood scores for n=31 scenarios.

Regression analysis was initially conducted for each participant's (n=70) certainty and likelihood judgements, using the scenario cues as the independent variables. A selection of the individual participant level regression analyses to predict certainty of abuse is provided in Appendix 8.2.

The banking professional participants used an average of 3 statistically significant cues to judge certainty of abuse out of a possible total of 13, with a range from 0 – 7. R^2 ranged from 21 – 97%, with a mean of 79%. An average of 3 statistically significant cues out of 13 was also used to determine likelihood of action being taken, with a range from 0 – 9. R^2 ranged from 43 – 95%, with a mean of 77%.

As an overview of the results of the analysis conducted at an individual participant level for both certainty and likelihood judgements, Table 8.5 shows the seven scenario cues in order of the number of times the cue (or component dummy variable) emerged as significant in the regression equation. The reference category for each dummy variable cue is presented in italics. N-sizes do not total 70, as participants who had given the same score to all the scenarios were excluded. This included instances where participant's had scored certainty of abuse in each scenario as 50. In such cases regression scores could not be computed, as there was no variance in the scores of the dependent variable.

Table 8.5 No. of times each financial elder abuse cue was a significant predictor of certainty of abuse and likelihood of action. Categories presented in descending order of cue sum, by certainty.

Cue *(Reference category)*	Category	Certainty (n=67)		Likelihood (n=65)	
		Category total	Cue sum	Category total	Cue sum
Financial problem suspected *(Out of ordinary cash withdrawal)*	Overseas cash prize	51	141	45	124
	Third party manipulation	40		36	
	A relative concerned about loss of inheritance	35		29	
	Overdrawn account	15		14	
Mental capacity		34	34	36	36
Who is in charge of the money? *(In charge of own money)*	Third party signatory	14	25	15	27
	Lasting power of attorney	11		12	
Identifier of abuse *(You)*	Family	8	15	10	19
	Carer	4		4	
	Staff member	3		5	
Physical capacity		5	5	5	5
Age		3	3	3	3
Gender	Male	3	3	3	3

The presence of specific financial problems emerged most frequently as a significant cue of both certainty of abuse and likelihood of action being taken.

Regression analysis – Certainty of abuse

Regression analysis was also conducted at a group level using the scenario cue information to predict the average certainty of abuse for the banking professionals (n=67). Table 8.6 provides the results from the final model of the regression analysis. Shading is used to denote the significant independent variables.

Table 8.6: Regression analysis to predict average certainty of abuse for the banking professionals (n=67)

Variance explained	99%				
Cue *(Reference category)*	Category	*B*	*SE B*	*t*	*p*
(Constant)		32.38	3.48	9.30	0.00
Age		-0.01	0.04	-0.24	0.81
Gender	Male	-1.30	0.83	-1.56	0.14
Identifier of abuse *(You)*	Staff member	-1.60	1.15	-1.39	0.18
	Family	-3.85	1.16	-3.32	0.00
	Carer	-1.87	1.22	-1.53	0.14
Financial problem suspected *(Out of ordinary cash withdrawal)*	Third party manipulation	24.51	1.52	16.14	0.00
	A relative concerned about loss of inheritance	11.45	1.43	8.00	0.00
	Overseas cash prize	30.64	1.30	23.64	0.00
	Overdrawn account	-3.59	1.30	-2.76	0.01
Who is in charge of the money? *(In charge of own money)*	Third party signatory	6.74	1.03	6.52	0.00
	Lasting power of attorney	4.58	1.07	4.30	0.00
Physical capacity		1.03	0.54	1.89	0.08
Mental capacity		7.64	0.53	14.34	0.00

The results show a significant impact of the different categories of financial problem suspected, as well as different options for who is in charge of the money, and the older person's mental capacity. In addition, where the identifier of the abuse was a family member was significant.

The quantitative cue mental capacity, can be interpreted as showing that if all the other scenario cues are controlled, with each increase in mental capacity concerns (e.g. changing from at times slightly confused, to extremely confused and forgetful), certainty of abuse increases by 8%. The dummy variables show the difference between each category versus the reference group, again controlling for all the additional cues. For instance, for financial problems involving an overseas cash prize, certainty of abuse is 31% higher than for cases involving an out of ordinary transaction (the reference group) if all the other cues are controlled.

Certainty scores for different combinations of the quantitative and dummy variables can be calculated using the regression equation, and substituting the relevant B values for the dummy variable categories of interest.

$$\text{Certainty of abuse} = 32.38 - 0.009_{\text{Age}} - 1.301_{\text{Gender}} + B_{\text{Identifier}} + B_{\text{Financial problem suspected}} + B_{\text{In charge of the money}} + 1.028_{\text{Physical capacity}} + 7.638_{\text{Mental capacity}}$$

In order to determine the relative influence of each cue on certainty judgements, incremental F-tests were conducted, with the results presented in Table 8.7. These test if the variance in judgements attributable to each cue as a whole is statistically significant. The regression analysis was rerun, excluding each quantitative cue or set of dummy variables in turn to identify the change in R^2 that could be attributed to each cue. Conclusions could then be drawn about the degree to which professionals' decisions were influenced by each cue.

Table 8.7: R^2, squared semi-partial correlations and F-test results for each financial abuse cue predicting certainty of abuse (n=67)

Cue	Model R^2 (where cue is excluded)	Squared semi-partial correlation	F-test
Age	99%	0.00	0.058
Gender	99%	0.00	2.435
Identifier of abuse	98%	0.01	3.698
Financial problem suspected	21%	0.78	295.659***
Who is in charge of the money?	96%	0.03	22.970***
Physical capacity	99%	0.00	3.577
Mental capacity	85%	0.14	205.724***

*** p = < .001

The '$R^{2'}$ values represent the variance explained by each regression model, with the identified cue excluded (e.g. the R^2 in the model excluding the financial problem suspected dummy variables was 21%). The 'Squared semi-partial correlation' represents the difference between each model's R^2, and the R^2 for the overall regression model, which was 99%. The F-test identifies if the difference between the overall model, and the model excluding each variable is significant.

The F-test results indicate that the nature of the financial problem suspected, the older person's mental capacity and who is in charge of the money explain a significant amount of the variance in certainty of abuse scores. The nature of the relationship between mental capacity and certainty of abuse can be seen from the overall regression analysis (as mental capacity deteriorates certainty of abuse increases). T-tests of the regression coefficients were conducted to consider the relative impact of the dummy variables representing the nature of the financial problem suspected (see Table 8.8. below) and who is in charge of the money. For instance, is certainty of abuse higher where cases involve one type of financial problem versus another? In order to minimise the Type I error rate associated with running multiple t-test comparisons, the Bonferroni correction was applied which established a revised significance level of .005, to account for the number of t-test comparisons (0.05 / 10) (Field, 2009). Degrees of freedom were calculated using the following formula: N – *p* – 1 (Field, 2009), equalling a *df* of 17 (31 – 13 – 1).

Table 8.8: T-test of the regression coefficients: Comparing certainty of abuse by the different financial problem suspected categories

Financial problem suspected	Third party manipulation	Relative inheritance	Overseas cash prize	Overdrawn account
Relative inheritance	t(17) = 8.58, p < .001, *r* = .90			
Overseas cash prize	t(17) = -4.48, p < .001, *r* = .74	t(17) = -14.77, p < .001, *r* = .96		
Overdrawn account	t(17) = 20.36, p < .001, *r* = .98	t(17) = 11.53, p < .001, *r* = .94	t(17) = 30.28, p < .001, *r* = .99	
Out of ordinary cash withdrawal	t(17) = 16.14, p < .001, *r* = .97	t(17) = 8.00, p < .001, *r* = .89	t(17) = 23.64, p < .001, *r* = .99	t(17) = -2.76, NS, *r* = .54

The t-tests identified that cases involving an out of ordinary cash withdrawal had significantly lower certainty of abuse than cases involving third party manipulation, suspected abuse by relatives to protect inheritance, and winning an overseas cash prize. Cases involving an overdrawn bank account had a significantly lower certainty of abuse than cases involving third party manipulation, suspected abuse by relatives to protect inheritance, and winning an overseas cash prize.

Cases involving suspected abuse by relatives to protect inheritance had a significantly lower certainty of abuse than cases involving third party manipulation. Cases involving winning an overseas cash prize had a significantly higher certainty of abuse than cases involving third party manipulation, and suspected abuse by relatives to protect inheritance.

T-tests of the regression coefficients were also conducted to explore the different categories of who was in charge of the older person's money. In this instance, the adjusted significance level was .02 (.05 / 3). Certainty of abuse was significantly lower when the older person was in charge of their own money in comparison to either a third party signatory; t(17) = 6.52, p < .001, *r* = .85, or under a lasting power of attorney; t(17) = 4.30, p < .001, *r* = .72. There was no significant difference between professionals certainty of abuse where third party signatories were compared to cases under a lasting power of attorney; t(17) = 1.87, NS, *r* = .41.

Regression analysis - Likelihood of taking action

This process was then duplicated for judgements of likelihood of taking action. Group level regression analysis was conducted firstly, using the scenario cue information to predict likelihood of action being taken. The results are provided in Table 8.9 below.

Table 8.9: Regression analysis to predict likelihood of action by the banking professionals (n=65)

Variance explained	98%				
Cue *(Reference category)*	Category	*B*	*SE B*	*t*	*p*
(Constant)		39.525	4.47	8.85	0.00
Age		0.004	0.05	0.08	0.94
Gender	Male	-1.115	1.07	-1.04	0.31
Identifier of abuse *(You)*	Staff Member	-2.120	1.48	-1.44	0.17
	Family	-2.911	1.49	-1.95	0.07
	Carer	-0.669	1.56	-0.43	0.67
Financial problem suspected *(Out of ordinary cash withdrawal)*	Third party manipulation	21.006	1.95	10.77	0.00
	A relative concerned about loss of inheritance	5.052	1.84	2.75	0.01
	Overseas cash prize	26.231	1.66	15.76	0.00
	Overdrawn account	-1.488	1.67	-0.89	0.39
Who is in charge of the money? *(In charge of their own money)*	Third party signatory	6.417	1.33	4.84	0.00
	Lasting Power of Attorney	3.627	1.37	2.65	0.02
Physical capacity		1.350	0.70	1.93	0.07
Mental capacity		8.276	0.68	12.10	0.00

The results show a significant impact of all categories of the financial problem suspected cue except for ‘overdrawn account’. In addition, the ‘who is in charge of

the money?' dummy variables and the older person's 'mental capacity' were significant. The quantitative cue 'mental capacity' can be interpreted as showing that if all the other scenario cues are controlled, with each increase in mental capacity concerns, likelihood of action increases by 8%. The dummy variables show the difference between each category versus the reference group, again controlling for all the additional cues. For instance, for financial problems involving an overseas cash prize, likelihood of action is 26% higher than for cases involving an out of ordinary transaction (the reference group) if all the other cues are controlled. Likelihood of action judgements could then be calculated for different combinations of the cue variables, using the following formula.

Likelihood of action = $39.525 - 0.004_{\text{Age}} - 1.115_{\text{Gender}} + B_{\text{Identifier}} + B_{\text{Financial problem suspected}} + B_{\text{In charge of the money}} + 1.350_{\text{Physical capacity}} + 8.276_{\text{Mental capacity}}$

To compare the overall impact of each cue, incremental F-tests were conducted, mirroring the process outlined when exploring the impact of the cues on certainty of abuse. The results are shown in Table 8.10 below.

Table 8.10: Model R^2, squared semi-partial correlations and F-test results for each financial abuse cue predicting likelihood of action (n=65)

Cue	Model R^2 (where cue is excluded)	Squared semi-partial correlation	F-test
Age	98%	0.00	0.006
Gender	97%	0.00	1.085
Identifier of abuse	97%	0.01	1.501
Financial problem suspected	27%	0.71	125.885***
Who is in charge of the money?	94%	0.03	12.003**
Physical health	97%	0.01	3.744
Mental capacity	77%	0.21	146.520***

** p = < .01, *** p = < .001

The F-test results indicate that again, the nature of the financial problem suspected, who is in charge of the money, and the older person's mental capacity explain a significant amount of the variance in likelihood of action scores.

The relationship between mental capacity and likelihood of action can be seen from the regression analysis (as mental capacity deteriorates likelihood of action increases). T-tests of the regression coefficients were conducted to explore the relationship between likelihood of action and the dummy variables representing the nature of the financial problem suspected, as shown in Table 8.11 below.

Table 8.11: t-test results: Comparing likelihood of action by the different financial problem suspected categories

Financial problem suspected	Third party manipulation	Relative inheritance	Overseas cash prize	Overdrawn account
Relative inheritance	t(17) = 8.17, p < .001, *r* = .81			
Overseas cash prize	t(17) = -2.97, NS, *r* = .48	t(17) = -12.70, p < .001, *r* = .92		
Overdrawn account	t(17) = 12.70, p < .001, *r* = .94	t(17) = 3.91, p < .001, *r* = .62	t(17) = 19.10, p < .001, *r* = .97	
Out of ordinary cash withdrawal	t(17) = 10.77, p < .001, *r* = .93	t(17) = 2.75, NS, *r* = .54	t(17) = 15.76, p < .001, *r* = .96	t(17) = -0.89, NS, *r* = .20

Cases involving an out of ordinary cash withdrawal had significantly lower likelihood of action than cases involving third party manipulation and winning an overseas cash prize. Cases involving an overdrawn bank account had a significantly lower likelihood of action than cases involving third party manipulation, suspected abuse by relatives to protect inheritance and winning an overseas cash prize. Cases involving suspected abuse by relatives to protect inheritance had a significantly lower likelihood of action than cases involving third party manipulation. Cases involving winning an overseas cash prize had a significantly higher likelihood of action than cases involving suspected abuse by relatives to protect inheritance.

T-tests were also conducted to explore the different categories of who was in charge of the older person's money. Likelihood of action was significantly lower where the older person was in charge of their own money in comparison to either a third party signatory; t(17) = 4.84, p < .001, *r* = .76, or under a lasting power of attorney; t(17) = 2.65, p = .02, *r* = .54. There was again no significant difference between professionals likelihood of action where a third party signatory was compared to cases under a lasting power of attorney; t(17) = 1.89, NS, *r* = .42.

The following section uses cluster analysis to group banking professionals according to their scenario judgements, to determine if participants with shared demographic characteristics such as age, gender and length of job role experience made similar judgements.

Do participant demographic characteristics show any relationship with decision making?

A cluster analysis was conducted to identify groups of participants who made similar certainty of abuse and likelihood of action judgements in response to the different scenarios. Hierarchical cluster analysis applying Ward's method (Ward, 1963) took place to determine the number of nature groupings (clusters) in the data. Analysis of the dendrogram showing the links between individual participant clusters and the formation of groups within the data suggested five distinct clusters of participants according to certainty and likelihood judgements. A copy of the dendrogram with the five clusters identified can be seen in Appendix 8.3. The five cluster solution was confirmed by creating an inverse scree plot which showed that the point of greatest change in the distance between clusters occurring at cluster five. The scree plot is presented in Figure 8.1 below.

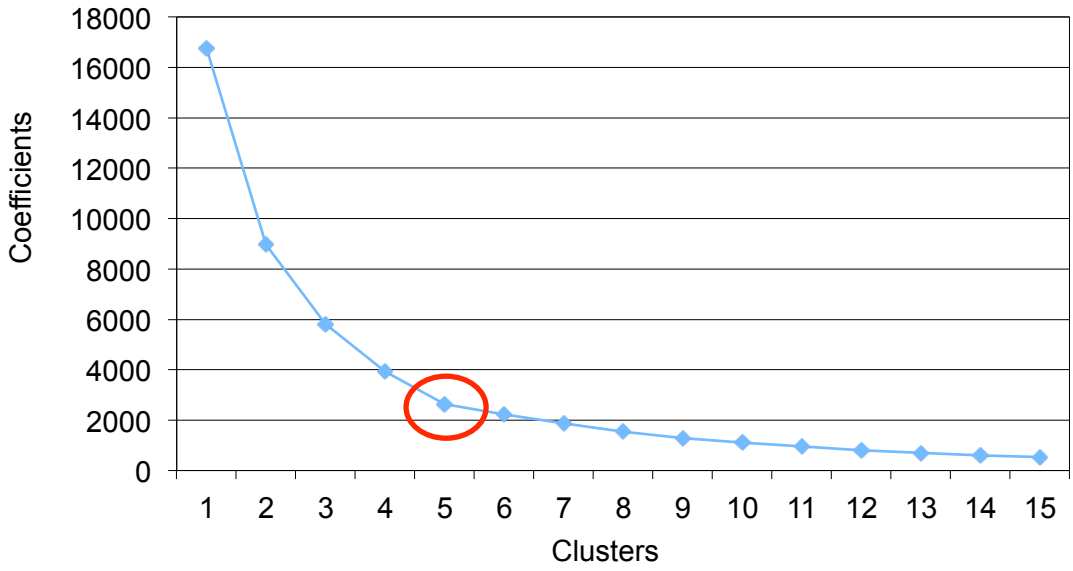

Figure 8.1 Modified inverse scree: change in Euclidean distance between cluster groups

The five cluster solution is presented in Figure 8.2 below. The bars represent average certainty and likelihood scores for each cluster group.

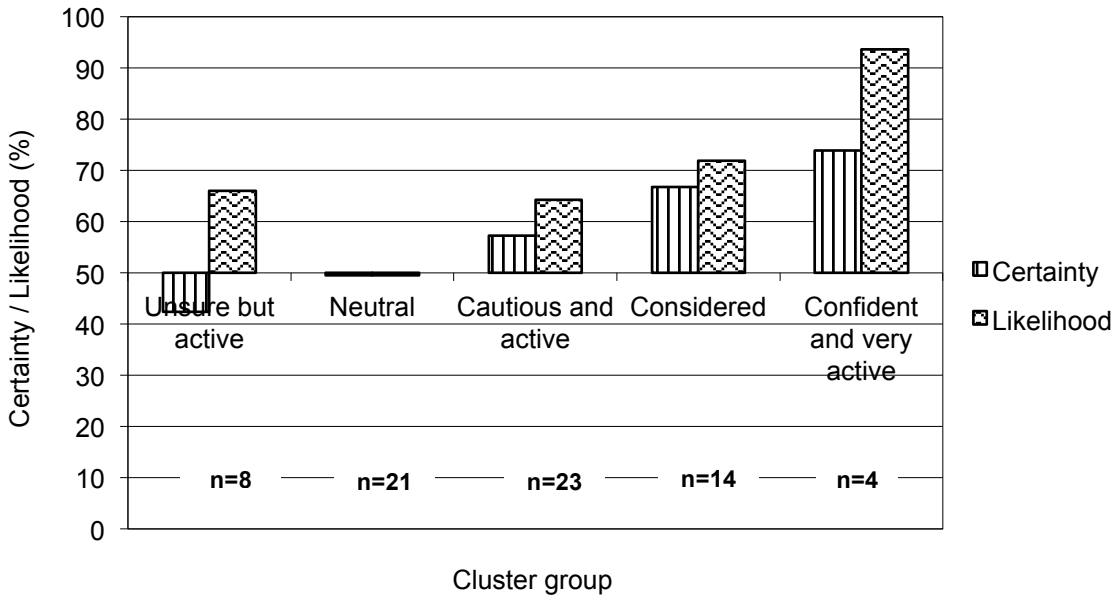

Figure 8.2 Certainty of abuse and likelihood of action cluster analysis

The five clusters are presented in order of increasing certainty of abuse moving from left to right. Cluster one 'Unsure but active' (n=8) has the lowest certainty of abuse scores (42%), but their likelihood of taking action scores (66%) were comparable to clusters three 'Cautious and active' and four 'Considered' which had a high average certainty score. Cluster two 'Neutral' (n=21) had average certainty and likelihood of action scores of 50%. Clusters three 'Cautious and active', four 'Considered', and five 'Confident and very active' presented with increasing average certainty and likelihood scores. To explore the demographic characteristics of the cluster groups, crosstabs were conducted using the demographic information recorded for each participant. The results are presented in Table 8.12 below.

Table 8.12: Cluster group crosstabs - % of participants in each cluster group by demographic characteristics

		Cluster group (%)				
	Demographics (n-size)	Unsure but active	Neutral	Cautious and active	Considered	Confident and very active
Gender	Female (50)	12	26	32	22	8
	Male (20)	10	40	35	15	0
Ethnicity	White - Welsh English Scottish Northern Irish British (35)	3	37	40	14	6
	Missing data (34)	21	21	26	26	6
Employer	Bank (58)	10	31	33	21	5
	Building Society (12)	17	25	33	17	8
Age	20 - 25 years (16)	0	19	38	38	6
	26 - 30 years (18)	6	39	28	17	11
	31 - 40 years (24)	17	29	38	17	0
	41-50 years (7)	29	43	29	0	0
	51+ years (5)	20	20	20	20	20
Years in current job role	0 - 1 years (21)	10	19	48	24	0
	2 - 4 years (24)	21	38	17	21	4
	5 - 9 years (15)	7	33	33	20	7
	10+ years (10)	0	30	40	10	20
Years in profession	0 - 2 years (12)	0	33	33	25	8
	3 - 5 years (19)	16	21	37	26	0
	6 - 10 years (18)	11	39	28	11	11
	11 - 20 years (11)	18	27	27	27	0
	21 - 30 years (6)	0	17	50	17	17
	31+ years (4)	25	50	25	0	0
Job role grouping	Cashier/customer advisor (10)	0	30	20	30	20
	Branch/bank manager (30)	17	27	37	20	0
	Banking management level professional (24)	4	38	33	21	4
	Financial crime manager/investigator (6)	33	17	33	0	17

Chi-square tests were conducted to explore if there was a significant difference in cluster group membership for the different demographic groups. No effects of demographic characteristics on cluster group membership were identified for age (X^2

(16)=16.04, p = .45), gender (X^2 (4)=2.97, p = .56), employer (X^2 (4)=0.72, p = .95), job-role (X^2 (12)=15.40, p = .22), years in current job-role (X^2 (12)=13.73, p = .32), or years in profession (X^2 (20)=12.98, p = .88). The chi-square test was not conducted for ethnicity, as only one ethnic group was recorded in addition to the missing data.

In the following section, measures to assess how consistent participants' were in their judgements are presented.

Which participants are the most consistent decision makers?

Mirroring the analysis conducted for social care and health professionals, three measures of consistency were examined, including judgement correlation, action consistency and CWS index scores.

(1) Judgement correlation

For each participant, the correlation between judgements of the repeated scenario set was calculated as a measure of consistency. Certainty of abuse and likelihood of action scores for the repeated scenarios (n=11) were correlated with the scores for these measures achieved at the initial presentation. Pearson's correlation coefficient for certainty of abuse ranged from r = - .28 to r = .98. Fisher's Z transformation determined the average certainty correlation coefficient for the banking professionals, which was r = .70. Pearson correlation coefficient for likelihood of taking action ranged from r = - .12 to r = .98. The average correlation coefficient for likelihood judgements was r = .66. The average correlation coefficients achieved show that participants tended to be consistent in their judgements of the repeated scenario instances.

(2) Action consistency

Prior to addressing the consistency of participant's action choices, descriptive statistics regarding banking professionals' action choices will be presented. Banking professionals (n = 70) selected an average of 2 actions in response to each scenario, from a maximum possible of 6. The total number of times each of the six actions was selected for each scenario was calculated to determine the average usage of each action type. Figures are presented in Table 8.13 below.

Table 8.13: The average (mean) % of times each action time was selected by banking professionals in response to a scenario

Action	Mean (%)
Informal enquires	39
Monitor	48
Gather information	62
Consult internally	38
Consult externally	15
Protect customers finances	35

Banking professionals' chose that they would take the action of gathering more information in response to suspected financial elder abuse 62% of the time. Taking the action of consulting externally was selected on average only 15% of the time. A Pearson's correlation analysis was conducted to identify the relationship between the average number of actions selected in response to a scenario, and average certainty of abuse and likelihood of action in response to that scenario. There was a strong correlation between the number of actions chosen and certainty of abuse (r = .94, n=35, P < .001) and likelihood of action being taken (r = .98, n=35, P < .001). This suggests that where banking professionals were more certain of abuse and were more likely to take action, they chose more of the action options.

In the following section, banking professionals' use of the action scale is considered in more detail.

What was the strongest action selected?

A new variable was created to identify the highest level of action participants selected in response to each scenario, coded from 1 (Informal enquiries) to 6 (Protecting customers finances). The average number of times each action was selected as the strongest level of action was calculated, as well as where participants choose to take no actions at all. Figures are presented in Table 8.14 below.

Table 8.14: The average (mean) % of times each action time was selected as the highest level of action to be taken in response to a scenario

Action choice	Mean (%)
1. Make informal enquires	3
2. Monitor	9
3. Gather information	21
4. Consult internally	14
5. Consult externally	3
6. Protect customers finances	35
No actions selected	*15*
Total	100

Table 8.14 shows that 'Protect customers finances' was selected the greatest number of times (35%). It may have been expected that scores would run in descending order from 'Protecting customer finances' to 'Making informal enquiries', given that there was evidence to support that participants were using the option choices as a scale. As such, it is interesting that 'Gather further information' (21%) was the second highest choice, but 'Consult externally' was the lowest, selected as the strongest action in only 3% of cases.

Pearson's correlation analysis was conducted to assess the relationship between the average level of action chosen in response to each scenario and average certainty and likelihood scores. The analyses identified a strong positive correlation between level of action and certainty of abuse (r = 0.92, n = 35, p < .001), as well as likelihood of action being taken (r = 0.86, n = 35, p < .001). Higher certainty and likelihood of action scores were associated with a higher level of action from the six options.

How consistent were participants in their choice of actions?

Applying a formula developed by grant holder KG, action consistency was measured by comparing actions selected for the repeated scenarios against their initial presentation. MD then created the action consistency measure in SPSS. The formula was as follows:

$$\text{Consistency} = \frac{\text{Total no. of matched actions}*2}{\text{Overall sum of actions}}$$

The Shapiro Wilk test for normality was initially conducted to explore the distribution of the calculated consistency variable. Shapiro-Wilk test identified that consistency scores were not normally distributed (W= .930, p < .001). A histogram was plotted to explore the distribution in more detail, which showed that action consistency scores were negatively skewed with a leptokurtic distribution; participants tended to show high action consistency. To allow for the non-normal distribution, non-parametric Mann-Whitney U tests and Kruskal-Wallis tests were conducted to compare the consistency of different demographic groups within the data. The overall median consistency score was .79, with a range from .18 – 1.00. Mann Whitney U tests were conducted to compare the consistency of males versus females, and bank versus building society employees. Test results showed no significant differences between the groups. The results are presented in Table 8.15 below.

Table 8.15: Mann Whitney U test results. Comparing action consistency scores by gender and employer

Demographic group	Category	n*	Median	Mann Whitney U test
Males versus females	Males	19	.81	(U= 345.5, z = -1.64, NS, *r* = -.20)
	Females	49	.74	
Employer	Bank	56	.79	(U = 276, z = -0.76, NS, *r* = -.12)
	Building society	12	.83	

* Group n sizes total 68/70 as two participants did not select any actions for the repeated scenarios and so consistency scores could not be calculated

Differences between demographic groups with more than two categories were examined using Kruskal-Wallis tests. This included age, job-role grouping, years in current job role and years in profession. No significant group level differences were identified. Kruskal-Wallis results are presented in Table 8.16 below.

Table 8.16: Kruskal-Wallis results. Comparing action consistency by age, job-role grouping, years in current job role and years in profession.

Demographic group	Category	n	Median	Mann Whitney U test
Age (yrs)	20 – 25	16	.79	(H(4) = 1.31, NS)
	26 – 30	18	.77	
	31 – 40	22	.80	
	41 – 50	7	.79	
	51+	5	.77	
Job role grouping	Branch / bank manager	30	.80	(H(3) = 4.63, NS)
	Banking management level professional	22	.74	
	Cashier / customer advisors	10	.82	
	Financial crime manager / investigator	6	.85	
Years in current job role	0 – 1	21	.79	(H(3) = 3.03, NS)
	2 – 4	24	.78	
	5 – 9	13	.74	
	10+	10	.86	
Years in profession	0 – 2	12	.67	(H(5) = 3.73, NS)
	3 – 5	19	.81	
	6 – 10	17	.80	
	11 – 20	11	.77	
	21 – 30	5	.84	
	31+	4	.73	

A Kruskal-Wallis test was also conducted to compare consistency scores by cluster group membership. There was a significant difference between the consistency scores of the different cluster groups (H(4) = 18.81, p = < .001). Figure 8.3 illustrates the average consistency scores by cluster group for comparison purposes.

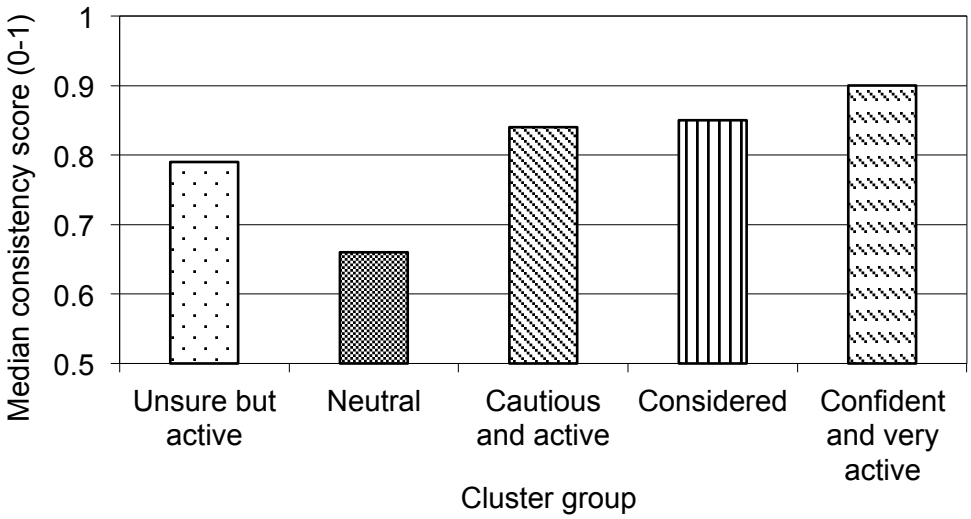

Figure 8.3 Median consistency score by cluster group

Consistency scores were higher in cluster groups where likelihood of taking action was higher. Increasing consistency scores can be seen moving from left to right from the 'cautious and active' to the 'Confident and very active cluster'. The 'Neutral' cluster has the lowest consistency scores.

The next section presents the results of the third consistency measure, following the Cochran-Weiss-Shanteau (CWS) approach.

(3) CWS scores

The CWS approach measures an individual's ability to show judgement discrimination in response to different situations, in addition to their consistency when faced with the same situation (Weiss & Shanteau, 2003). CWS is measured using the following formula:

$$CWS = \frac{\text{Discrimination}}{\text{Inconsistency}}$$

When comparing participant CWS scores, higher values suggest a greater level of expertise, resulting from higher discrimination scores and low inconsistency scores (Friel et al., 2002). Figure 8.4 illustrates the original and repeat scenario scores for banking professionals with higher and lower CWS scores to show patterns of judgement discrimination and consistency.

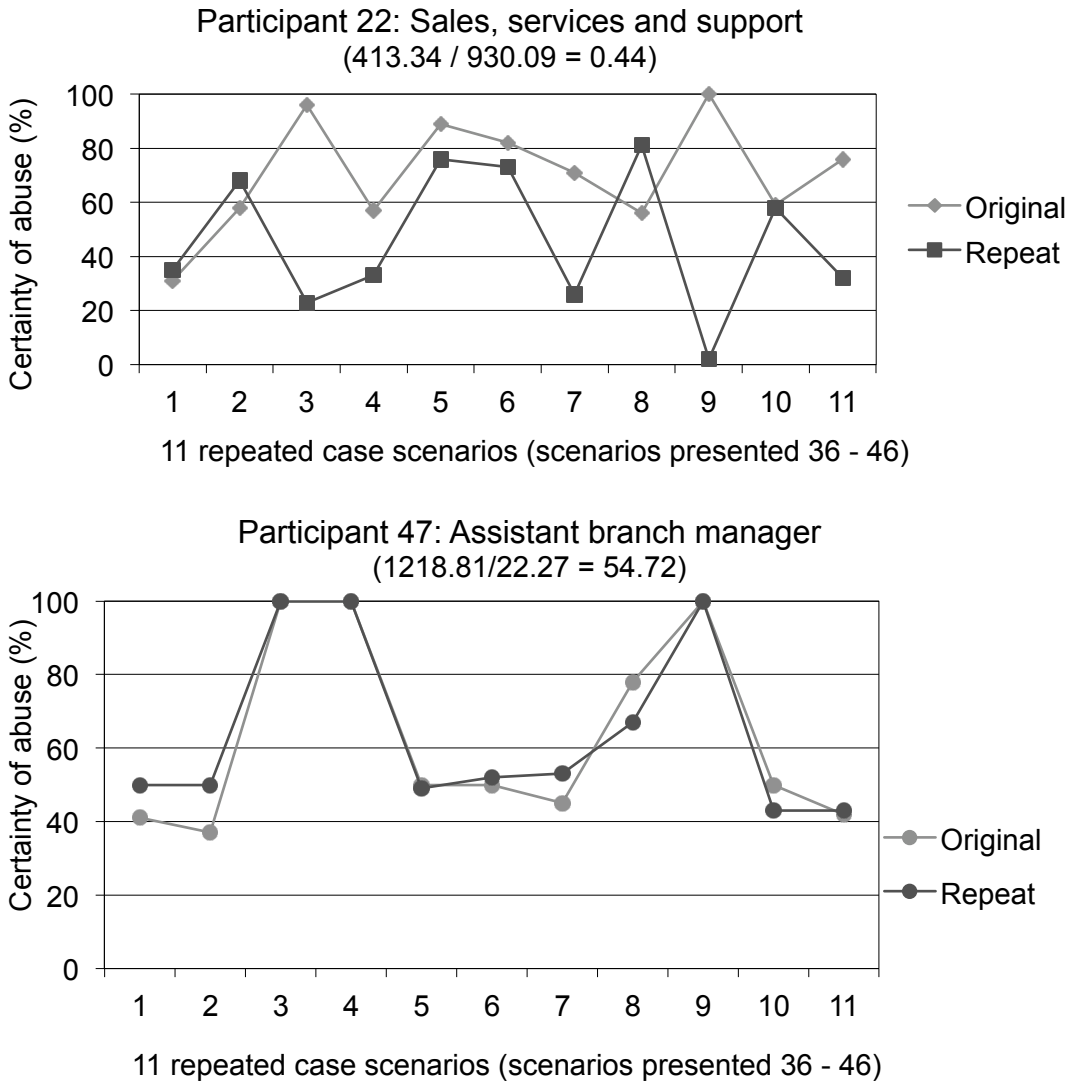

Figure 8.4: An illustration of repeated scenario judgements to show patterns of judgement discrimination and consistency

Figure 8.4 demonstrates that Participant 22 was more inconsistent in his or her judgements than Participant 47, with greater variation between scores of repeated scenarios. This can be seen by the greater gap between the lines showing original and repeated scenario judgements for Participant 22. Although both participants exhibited an ability to discriminate between the different scenarios, Participant 22 had a lower CWS score because of the greater inconsistency when judging repeated scenarios.

Group average CWS scores were calculated for the different job-role groupings following the procedure outlined by Weiss and Shanteau (k-state.edu/psych/cws) to

identify any group variation. Group averages for both certainty and likelihood CWS scores are presented in Table 8.17 below.

Table 8.17: Average CWS scores by banking job-role (sorted in descending order by certainty CWS scores)

Job role grouping	Average Certainty CWS	Average Likelihood CWS
Bank / branch manager	6.01	5.00
Banking management level professional	6.10	3.98
Cashier / customer advisor	6.31	4.05
Financial crime manager / investigator	1.90	2.02
Total	5.62	4.24

In terms of judging certainty of financial elder abuse, cashiers and customer advisors had the highest group average CWS score, and financial crime managers/investigators the lowest. For likelihood of taking action branch/bank managers had the highest group CWS score, and again financial crime managers/investigators the lowest.

8.3 Discussion

There is minimal literature addressing detection and prevention of financial elder abuse by banking professionals, therefore a key point of comparison for the Phase II results are the Phase I qualitative analysis findings.

Which cues explain the greatest variance in decision making by professionals?

Three cues were found to have a significant influence on judgements of certainty of abuse and likelihood of action being taken by banking professionals. These included the nature of the financial problem suspected, the older person's mental capacity and who was in charge of the individual's money. The pattern of findings was similar for judgements of certainty of abuse and likelihood of action, but the independent impact

of mental capacity was higher on professionals' judgements of likelihood of action. Findings showed that overall the nature of the financial problem suspected had the greatest influence on professionals' judgements. This is perhaps a result of the focus of the banking professional role on the customer's financial management. It is interesting that the financial problems where certainty of abuse was rated as significantly lower than others were those were it could be argued that the extent of financial losses were lower. For instance, a cash withdrawal that was out of the ordinary for the customer's routine was likely to involve less financial loss than where a relative has objected to the customer's house being sold.

Professionals' consideration of who is in charge of the older person's money as a cue may be expected given that it has been previously suggested that where an individual is not in charge of their own finances, the opportunities for financial elder abuse are increased (Edmonds & Noble, 2008; Wilson et al., 2009). This observation is supported by the fact that there was no significant difference between certainty of abuse where the individual was under a lasting power of attorney in comparison to a third party signatory (i.e. someone in charge other than the individual themselves). In both instances, certainty of abuse (and likelihood of action) was higher than where the individual was in independent control of their finances.

The role of who is in charge of the money as a cue is in another sense unexpected given that when ranking the scenarios in order of average certainty of abuse and likelihood of action scores, the older person was identified as being in charge of their own money in both the top and bottom 4 out of the 35 case scenarios. This suggests that this cue may be being considered alongside other factors in the case scenarios. For instance, if the older customer is in charge of their money but is extremely confused, this may be seen to compound the level of risk of financial abuse.

The presence of mental capacity as a cue for the banking professionals is surprising, given that this did not emerge as a cue in Phase I of the research where banking professionals described incidents of financial elder abuse. This suggests that the use of judgement analysis to explore professional decision making was effective, as it captured aspects of decision making that were not apparent from professionals' descriptions of case experiences of financial elder abuse. Discussion of dual process models in decision making literature has highlighted that some types of decision making can take place unconsciously (Evans, 2008), which may explain why banking professionals did not explicitly mention issues relating to mental capacity in Phase I

despite using mental capacity to determine certainty of abuse and likelihood of taking action in the Phase II task.

Do participant demographic characteristics show any relationship with decision making?

In terms of the impact of demographic characteristics such as age and gender on professionals' judgements, analysis showed no significant differences between the cluster group membership of different demographic groups based on age, gender, employer, years in current job role, years in profession or job-role. This supports the observation that characteristics such as length of job role experience are not necessarily a good way to distinguish between how different groups make judgements (Rassafiani et al., 2009).

Which participants are the most consistent decision makers?

Measures of judgement consistency in response to repeated scenarios showed that banking professionals were generally consistent in their judgements of certainty of abuse, likelihood of action, and the type of action they would take. No significant differences were reported between the action consistency of banking professionals based on age, gender, job role, employer, years in current job role or years in profession, but there was a significant difference between different cluster groups (groups of professionals who tended to make similar judgements). In terms of action consistency, the more active clusters in terms of taking action were the most consistent as to what action they would take.

The high level of judgement consistency reported is particularly interesting when considered in relation to the cluster analysis findings. Although the banking professionals showed a high level of consistency in their judgements, 62% of the professionals were in the 'Neutral' and 'Cautious and active' cluster groups (i.e. they were not willing to specify a high or low level of certainty of abuse or likelihood of taking action). This may explain why the CWS index scores were comparatively low, as it suggests banking professionals were not discriminating between the different scenarios. The importance of distinguishing between the level of consistency shown by different cluster groups is, therefore, particularly important, in order to identify

participants who made consistent judgements as well as making effective judgements.

In the next section, a point of critique in relation to the Phase II methodology specific to the banking professional participant group is discussed.

8.3.1 Critique of the Phase II methods

One point of critique concerns the collection of the participant demographic details (such as age and gender) as part of the online data collection, and the fact that approximately 50% of the data regarding participant ethnicity was missing as a result of a website design error. It would have been useful to have a full set of ethnicity data in order to gain a clearer picture of the sample demographic characteristics. In addition, analysis could have been conducted to determine if there was a significant difference in the cluster group membership of different groups based on ethnicity. Having said that, given that of the 36 participants for whom ethnicity details were recorded, 35 reported their ethnicity as 'White – Welsh/English/Scottish/Northern Irish/British', it is likely that similar to Phase I, the sample was relatively homogenous based on ethnicity.

8.4 Summary

- The nature of the financial problem suspected, the older person's mental capacity, and who was in charge of the money, were the three cues that explained a significant amount of variance in certainty of financial abuse. This pattern was shown at the level of the individual participant regression, and using incremental F-tests to assess the overall impact of each cue. In terms of the relative contribution of each cue, the nature of the financial problem suspected had the greatest influence on certainty of abuse. T-tests of the regression coefficients for the different financial problems suspected illustrate possible reasons for this large effect, given that all the categories were significantly different aside from the comparison of an out of ordinary cash withdrawal to cases involving overdrawn accounts.

- Cases involving out of ordinary cash withdrawals and an overdrawn account were judged as significantly lower certainty of abuse than other categories,

and cases involving winning an overseas cash prize had significantly higher certainty of abuse than other categories. The emphasis on the nature of the financial problem suspected has possible implications for the detection of financial elder abuse, as it suggests that whilst professionals are attuned to certain types of financial problems, cases involving small amounts of money being taken over a longer time period are less likely to be identified. Training could highlight the range of cases professionals might encounter, not all of which will involve large sums of money.

- In terms of the impact of who was in charge of the money, certainty of abuse was significantly lower where the individual was in charge of their own money in comparison to either a third party signatory or under a lasting power of attorney.

- A similar pattern of results was reported from regression analysis to identify the impact of financial abuse cues on likelihood of action, in that the nature of the financial problem suspected, the older person's mental capacity, and who was in charge of the money had a significant influence. The only distinction was that the independent impact of the individual's mental capacity on likelihood of action was higher than on certainty of abuse.

- A cluster analysis showed that participants were generally neutral or cautious in their level of certainty of financial elder abuse, as evidenced by the proportion of participants in the 'Neutral' and 'Cautious and active' cluster groups. Likelihood of taking action exceeded certainty of abuse in all cluster groups, including the 'Unsure and inactive', where participants had the lowest level of certainty in their judgements. There were no significant differences between cluster groups based on demographic characteristics such as age or gender.

- The various measures of judgement consistency demonstrate that banking professionals showed a high level of consistency in their response to the repeated scenarios. There were no significant differences between different demographic groups on the consistency measures, but there was a significant difference by cluster group. Consistency scores were higher in the clusters where likelihood of taking action was higher.

- CWS index scores, which provide a measure of judgement consistency in addition to ability to discriminate between different case scenarios, were calculated. CWS index scores at a group level were fairly consistent across the different banking job roles.

- One point of critique regarding Phase II data collection for the banking professionals was that approximately 50% of the data regarding participant ethnicity was missing. This would have been useful to enable a comparison of cluster group differences based on ethnicity, although the remaining ethnicity data collection suggests that the sample was predominantly white, meaning that such comparisons would not have been possible due to small group sizes.

Chapter 9 Discussion

This chapter discusses the findings emerging from research with social care, health and banking professionals to explore experiences of the decision making involved in detecting financial elder abuse and taking action. The chapter will begin by reviewing the overall aims and methods of the research. The aims of Phase I of study are then reviewed, and the key findings of Phase I presented. The cues professionals used to identify financial abuse are discussed, as well as the distinctions between the cues used, by professional group. Actions taken in response to financial elder abuse are considered, as well as factors that can make decision making particularly difficult or easy. The results are compared with the elder abuse literature, with new findings emerging from the research highlighted.

The chapter then reviews the aims of Phase II of study, and presents the findings of the participants' judgements of financial abuse case scenarios. Relative weightings of the financial elder abuse cues when judging certainty of abuse and likelihood of action are identified. The impact of demographic characteristics on judgements is discussed, as well as how consistent professionals were in their judgements. The results are compared with elder abuse literature as well as the findings from Phase I of the research where appropriate. The research methodology is then critiqued, to address how the methodology could be amended if applied in future. The research is considered in the context of the judgement and decision making research field, and the chapter concludes with implications for future research, including suggestions of new areas of investigation that could be undertaken.

9.1 Overview of aims and methods

The overall research objective was to identify how different professionals make decisions when they encounter cases of suspected financial elder abuse. Previous literature had acknowledged the importance of health (Dougall & Fiske, 2008), social care (Department of Health [DH], 2000) and banking professionals (Lowndes et al., 2009) identifying the signs of elder abuse and taking action, but there was limited evidence based guidance to support accurate identification and subsequent prevention of abuse. Financial elder abuse was chosen as the focus of this research in part due to the scale of such abuse reported in UK prevalence research (O'Keefe et al., 2008). There were also concerns that cases of financial elder abuse may increase in future years given that more people are living longer, and older people have greater assets, which may increase the risk of financial abuse (Kemp & Mosqueda, 2005).

Indicators or cues that professionals could use to identify financial abuse have been outlined, for instance in the financial elder abuse literature review conducted by AgeUK (Crosby et al., 2008). It is not clear how such cues were established, how they are used by professionals in practice to identify abuse, or if they are equally relevant to professionals in different sectors. There was therefore a need for research to identify the cues that lead professionals to suspect financial elder abuse.

Elder abuse research has considered the judgements professionals have to make once abuse has been suspected. For instance, Almogue et al. (2010) conducted research with health care professionals investigating how they reached the decision as to whether to report elder abuse. It was, therefore, of value to identify the decisions professionals have to make in relation to cases of financial elder abuse, in order to support professional decision making in this area. In terms of difficulties that may be experienced when making decisions, previous research has discussed the ethical dilemmas of addressing elder abuse in a social care context (Wilson, 2002), lack of training to identify and act in cases of elder abuse in a health context (Gordon et al., 2010; Thomson et al., 2010) and rules regarding confidentiality restricting action in a banking context (Edmonds & Noble, 2008). When considering the decisions professionals make in incidents of financial elder abuse it was important to identify factors that made decision making particularly difficult or easy as such factors may influence decision outcomes.

Judgement analysis methodology was selected to explore professionals' decision making in relation to financial elder abuse so that in addition to identifying the cues of abuse, actual use of the cues could be established to see if certain cues were weighted as particularly significant when determining if abuse has taken place. The research began with a qualitative exploration of professionals' experiences of financial elder abuse in Phase I. The research questions addressed in Phase I were as follows:

1. What are the cues that raise suspicions of financial elder abuse?
2. What are the decisions that have to be made when financial abuse is suspected?
3. What are the case features that can make decision making difficult?
4. What are the case features that can make decision making easier?

9.2 Findings

9.2.1 Phase I

In the first phase of the research, semi-structured interviews were conducted with professionals, using the critical incident technique to learn about incidents where

they had suspected that an older person was being financially abused. Across 63 interviews with social care, health and banking professionals, 112 critical incidents of financial elder abuse were recorded. Wiglesworth et al. (2008) suggested that case examples of elder abuse could be used to support training. This aspect of the research output is therefore of potential value as a training resource, as the critical incidents provide examples of cases experienced across the three professional sectors. Findings from content analysis of the interviews are explored in the following sections, beginning with consideration of the cues of financial elder abuse used by professionals.

What are the cues that raise suspicion of financial elder abuse?

Social care, health and banking professionals shared two of the same cues of financial elder abuse, these being the 'identifier of abuse' and the nature of the 'financial problem suspected'. Both social care and health professionals also considered the 'mental capacity' of the older person, and in addition, health professionals considered the elder's 'physical capacity'. Banking professionals independently used the cue of 'who is in charge of the older person's money', but did not use physical or mental capacity as cues of abuse.

The limited number of cues used is in one sense surprising, as the elder abuse literature has suggested a number of other factors that could raise older people's risk of experiencing abuse, and could therefore have been used as cues of financial abuse. Suggested risk factors have included reliance on others for care provision (Cooper, Selwood & Livingston, 2009), increased age (DH, 2000), and wealth (Kemp & Mosqueda, 2005). Yaffe et al. (2009) conducted research to develop a tool consisting of series of questions doctors could use to identify elder abuse, with social workers, nurses and doctors involved in the development of the tool. When asked to discuss the content of the questions, social care professionals said that questions addressing risk factors such as living with someone who drinks alcohol heavily (Yaffe et al., 2009, p. 654), should be included given the acknowledgment of risk factors in professional training, but both social workers and doctors ranked questions relating to risk factors as of lower importance than other areas of questioning (Yaffe et al., 2009). Awareness of risk factors as part of professional practice may account for why there is such an emphasis on consideration of risk factors in the elder abuse literature. The findings from this study question the assumed link between risk factors

and abuse detection, as professionals did not consider a range of risk factors in their initial identification of suspected financial elder abuse.

Across the three professional groups, the presence of specific financial problems raised suspicion of abuse, although there were differences in the types of financial problems that tended to be encountered by different professionals. For instance, banking professionals highlighted scams involving foreign lottery wins, which did not emerge as a key financial problem for either social care or health professionals. This could be taken to mean that training to identify financial elder abuse should be tailored by profession. Acknowledging the types of abuse more frequently identified by specific professionals may aid abuse detection, but this could also be seen to show the types of financial abuse professionals in specific sectors are less proficient at identifying. This would suggest that training is needed to enable professionals to be aware of the full range of ways in which financial problems might be presented.

Financial anomalies in accounts or bills, such as care home fees not being paid, were the most common type of financial problem encountered by social care professionals. Issues surrounding financial management may explain the focus of research undertaken by Setterlund et al. (2007) in Australia, which investigated the role of family members and informal carers in such activities as part of caring. Setterlund et al. (2007) reported that managing an older person's finances and undertaking tasks such as bill paying provides opportunity for financial abuse. In the current research it can be seen that this is also how cases can be identified, in that in instances where bills were not being paid professionals' suspicions were raised.

Interestingly, the analyses revealed a distinction between the types of financial problems older people were seen as at risk of by social care professionals, versus those that were actually more common across the critical incidents. A number of the professionals talked about the risk of rogue traders and strangers befriending older people to commit financial abuse, but across the critical incidents financial anomalies in accounts or bills, and anomalies between finances and living conditions were the most common cases. These findings may relate to professionals' perceptions of who tends to commit financial abuse. Despite the fact that research suggests that financial elder abuse is most commonly committed by family members (Action on Elder Abuse, 2006), it may be that professionals either perceive the risk of abuse by a stranger as higher, or that because the majority of family members do not commit financial abuse, abuse by strangers is seen as more significant.

In terms of the types of financial problems that alerted health professionals' suspicions of abuse, a high number of the critical incidents involved financial abuse by family members in relation to inheritance of assets. The number of cases in this area may be due to the fact that health professionals often see older people in their own homes, or with family members present, and so details of this type of financial problem are uncovered. This supports the suggestion from previous researchers that health professionals are well placed to identify elder abuse due to the access they have to older people (Tung et al., 2007).

Health professionals such as general practitioners are sometimes involved in determining an older person's mental capacity to make financial decisions, meaning that the use of mental capacity as a cue by health professionals is of particular interest. Health professionals stressed that physical and mental capacity were the focus of their contact with older people more so than financial considerations. However, reduced mental and physical capacity has been associated with increased susceptibility to elder abuse (Kemp & Mosqueda, 2005), which would support the use of both mental and physical capacity as cues.

The use of physical capacity as a cue in this research was indirect though, in that declining physical capacity alerted suspicions due to the associations between physical signs of neglect resulting from financial abuse, such as insufficient heating, rather than the presence of a chronic health condition. Reduced capacity to make financial decisions has recently been suggested as an indicator of types of dementia such as Alzheimer's disease (Widera et al., 2011), and subsequently provides increased potential for financial abuse. Health care professionals may therefore be assessing reduced financial decision making capacity as part of making an assessment of such conditions.

Banking professionals' consideration of 'Who is in charge of the money?' as a cue draws parallels with previous literature which has suggested that risks of financial abuse are increased if an older customer is not in charge of his or her own money (Edmonds & Noble, 2008). This observation was supported by the current research in that in cases where the older person was in charge of his or her own money, there was less concern about abuse unless other issues were present, such as if the individual was increasingly confused.

What actions are taken when financial elder abuse is suspected?

The results suggest differences between the types of actions taken by different professional groups. Killick and Taylor (2009) reported that the most common decision explored in research considering decision making in the context of elder abuse was whether or not to refer the case, and in cases of suspected financial elder abuse, an initial decision that seemed to be of key importance to the social care professionals was whether the case should be referred to the safeguarding team.

Across the participant recruitment area, each London Borough and County Council had a separate policy and procedure as to how cases of adult safeguarding should be addressed. Although many of these included similar elements, and were broadly developed to follow the principles of No Secrets (DH, 2000), there was no single document that could be compared against the decisions outlined by the social care professionals. The requirement of the development of a single London wide adult safeguarding policy, produced by Social Care Institute for Excellence and the Pan London Adult Safeguarding Editorial Board (Social Care Institute for Excellence, 2011), could be an indication of the importance of the need for a consistent approach. At the time of data collection this document was in development, and had not yet been released and so was not reflected in the decision policies discussed by the social care professionals. It would be interesting to see if this document has any impact on how decisions are made in the future in terms of addressing cases of financial elder abuse and whether local level differences remain. It may be that the impact of this document is superseded by future revisions to the *No Secrets* (DH, 2000) guidance.

Unexpectedly, in terms of decision making by health professionals, occupational therapists seemed to follow a similar path of decisions to social care professionals. This may be because occupational therapists are educated to practise in both the health and social care fields and, therefore, receive training from a social care safeguarding perspective. The general practitioners predominantly followed the older person's wishes as to whether or not they wanted the abuse to be reported or any other action taken. This supports findings from previous research that even where abuse is suspected, if the older person denies it, the professional will consider this in their decision as to whether or not to report suspicions (Almogue et al., 2010). O'Brien (2010) reported that referrals to social services from health professionals

regarding abuse are minimal. Perhaps this is driven by the emphasis on client centred healthcare, which promotes protecting the patient's wishes.

Analysis of the decisions made by banking professionals in cases of suspected financial abuse identified that the initial, more informal, stage of decision making where professionals talked to the customer to confirm or deny suspected abuse was of key significance. The importance of front line staff such as cashiers or customer advisors identifying financial elder abuse may explain the emphasis on training staff working in these roles to identify abuse. For instance, Kaye and Darling (2000) reported giving cashiers information cards about financial abuse to keep on their desks.

What are the case features that can make decision making difficult?

Cases where there were concerns regarding an older person's mental capacity could make decision making easier or more difficult. Tung et al. (2007) discussed how mental capacity assessment could affect a professional's balance of decision making in favour of reducing the risk of abuse, as opposed to protecting the individual's autonomy to make his or her own decisions. This research provides an additional perspective about the influence of mental capacity on professional decision making. Identification of abuse was reported as harder where mental capacity was in doubt as it was often more difficult to learn the details about what had happened. Conversely, taking action in such cases seemed to be easier, as the professional could take action more swiftly. In this sense, where mental capacity was poor, the conflict between protecting the individual versus letting them make their own decisions was minimised, as the professional could decide what action should be taken.

The main difficulty experienced by health professionals was that they felt pressure to defer to the wishes of the patient and not report suspicions if the patient objected. Despite this being a barrier to action, in many senses it was not a difficult choice for health professionals, who reported that their prime responsibility was to maintain patient confidentiality. From the perspective of training, the General Medical Council has acknowledged the difficulty of balancing confidentiality in cases of suspected

abuse and has provided an online case example of how these issues can be managed (General Medical Council, 2011).

For banking professionals, protecting customer confidentiality was seen as the main difficulty. This supports the report by Edmonds and Noble (2008), which said that the nature of the customer/banking professional relationship could be a source of difficulty in relation to abuse, due to the assumption of confidentiality. Difficulties associated with confidentiality are particularly sensitive given the different perceptions of confidentiality in different sectors. Interestingly, professionals in all three sectors cited that confidentiality was often given as a reason why other agencies would not share information with them, but gave the same explanation as to why they could not share information.

Despite the impact of *No Secrets* (DH, 2000) on implementing social services driven procedures for adult safeguarding, professionals in both the health and banking sectors were not commonly aware of *No Secrets*. This may be due to the challenge of inter-agency working when dealing with cases. Yaffe et al. (2009) reported that doctors, nurses and social workers have different priorities when thinking about how elder abuse should be effectively identified, and it seems that this distinction also applies to financial elder abuse.

What are the case features that can make decision making easier?

This research provided unique information about professionals' perceptions as to factors that could make decision making easier. Reference to judgement and decision making in elder abuse research tends to have a negative connotation. For instance, research by Killick and Taylor (2009) and Wilson (2002) emphasised the challenges faced by professionals when deciding what action to take in such cases. Although decision making was generally considered difficult, and professionals talked more about factors which could make decision making easier, rather than factors that currently facilitate the process, this research identified local level examples of good working relationships between professionals in different sectors, and how this supported abuse identification and action. For instance, examples included staff in a bank branch with a contact in social services to whom they could report abuse, and social service staff contacting banking professionals about customers requiring an increased level of support to protect against abuse.

9.2.2 Phase II

The cues of financial elder abuse identified in Phase I were used to inform a second phase of research where professionals' use of the cues when making judgements was tested. In Phase II, professionals were presented with different scenarios and were asked to make different judgements based on the information provided, including how certain they were that abuse was taking place, the likelihood that they would take action, and to select what that action might be from a series of options. The aim of Phase II was to determine which of the cues of financial elder abuse had a significant influence on professionals' judgements.

Decision making research has investigated whether demographic characteristics of the decision maker can have any influence on how judgements are reached. This has included considering the impact of the gender of health professionals on the decision to restrain patients (Sandhu et al., 2010), as well as whether length of job role experience has an effect on patient prioritisation policy (Chen et al., 2010). Distinctions between groups based on individual characteristics such as age or gender have implications for training professionals to detect abuse, in order to acknowledge these differences. It was, therefore, also of interest whether the characteristics of professionals who make decisions in relation to financial elder abuse have any impact on how they reach judgements.

The decision making literature has also raised questions about how to identify people who adopt a good decision making approach. Techniques have been used to measure decision expertise, such as assessing judgement consistency in response to repeated scenarios (e.g. Jacklin et al., 2008) or using the CWS index, which measures professionals' ability to show judgement discrimination as well as consistency (e.g. Rassafiani et al., 2009). In instances such as financial elder abuse, it is not always possible to establish whether abuse has taken place and whether a decision is correct or incorrect, therefore it was important to measure judgement consistency as an index of expertise.

The Phase II research questions were as follows:

1. Which case features (cues) explain the greatest variance in decision making by professionals?

2. Do participant demographic characteristics show any relationship with decision making?
3. Which participants are the most consistent decision makers?

The first aspect of the results considered is which of the cues of financial elder abuse explained the greatest variance in how professionals reached judgements of certainty of abuse and likelihood of action.

Which cues explain the greatest variance in decision making by professionals?

For both social care and health professionals only two cues had a significant influence on certainty of abuse and likelihood of action being taken. These were the mental capacity of the older person, and the nature of the financial problem suspected. The impact of mental capacity on judgements of certainty of abuse was roughly equal to the nature of the financial problem suspected. This is an important finding, as declining mental capacity has been suggested as a risk factor for elder abuse (Kemp & Mosqueda, 2005). In terms of training professionals to detect abuse, greatest emphasis has been placed on providing examples of financial abuse. However, the findings from this research has shown that professionals place a roughly equal amount of importance on the two factors when determining their level of certainty that abuse has occurred and if they would be likely to take action.

Although the same two cues had a significant influence on judgements of certainty of abuse and likelihood of action, mental capacity accounted for around double the variance in professionals' likelihood of taking action. The greater emphasis on mental capacity in terms of the judgement to act may be to do with the need to safeguard an individual perceived to be more vulnerable. It could also be reflective of the pressure on professionals to direct resources where they are needed most, given the limited time and lack of resources, as highlighted in Phase I of data collection. A possible implication of this focus on reduced mental capacity is that professionals are less likely to take action in cases where mental capacity is not in doubt. This may be a result of the difficulties associated with taking action in cases where the individual has full mental capacity, and perhaps does not want any action taken as discussed in Phase I. Despite the possible justification for a focus on mental capacity as a cue, and the association between declining mental capacity and advancing age, cases of

financial elder abuse where there are no concerns about mental capacity also need to be identified. This is particularly important, given that the signs of abuse may be less visible if the older person is not seen to be at risk due to reduced mental capacity.

For banking professionals, three cues were found to significantly influence both certainty of abuse and likelihood of action being taken. These included the nature of the financial problem suspected, the older person's mental capacity, and who was in charge of the individual's money. The impact of mental capacity may be a result of professionals' awareness of 'who is in charge of the money' as a cue, giving that an assigned third party signatory or holder of a lasting power of attorney would be associated with declining mental capacity. This issue was touched on in the Phase I findings where banking professionals talked about older people who were experiencing general confusion, but the findings from Phase II suggest that mental capacity cue has a direct influence on professional's judgements.

In terms of how banking professionals weighted the significant cues, the nature of the financial problem suspected explained the largest amount of variance in both certainty of abuse, and likelihood of action being taken. The degree of variation in judgements attributable to the nature of the financial problem suspected has implications for the types of cases of financial abuse banking professionals are likely to detect. This suggests that a focus of training for banking professionals could be to highlight that financial elder abuse does not always involve large sums of money, and could be shown by an account overdrawn by what is seen to be a relatively small amount.

Professionals' certainty of financial elder abuse and likelihood of taking action

A common finding across the three professional groups was that judgements of certainty of abuse and likelihood of action were positively correlated, but likelihood of taking action was significantly higher than certainty of abuse. This could mean that sometimes professionals take action even when they are uncertain that abuse is taking place. This finding is interesting when considered in the context of false accusations of abuse, as if professionals take action despite not being certain that financial abuse is occurring this does not effectively protect those who are falsely

accused. The emphasis on the need to be seen to respond to suspected abuse may reflect the increasing agenda on adult safeguarding, in particular for social care professionals who are working in the context of *No Secrets* (DH, 200) guidelines.

For the three participant groups, the time spent judging a scenario was positively correlated with certainty of abuse and likelihood of action, although the effect was less strong for the banking professional participant group. It may be that participants took longer to reach a greater certainty of abuse and need for action, but that in scenarios perceived as low risk judgements could be made more quickly. Although judgement time in response to the financial abuse case scenarios was capturing immediate judgement, there may be some parallels that can be drawn in relation to the time span of judgements in practice. In terms of responding to cases of suspected elder abuse, guidance documents do emphasis the time span that certain actions should take. For instance, in the social care sector, guidelines from the Association of Directors of Social Services (2005) includes a 'Good practice maximum time frame' for certain steps, such as making a referral within 24 hours. Time lines are also a common feature of local authority guidance in relation to safeguarding.

It could have been expected that where participants were more certain, they would have taken less time to make their judgements. In Phase I, social care professionals emphasised the importance of immediately ensuring the older person's safety, which if at risk would necessitate a fast judgement. The current finding may therefore reflect that professionals consider that financial elder abuse does not often raise immediate safety concerns.

Do participant demographic characteristics show any relationship with decision making?

For the social care and health professionals, only age was found to have a significant impact on judgements of certainty of abuse and likelihood of action as measured by cluster group membership. Those in the youngest age band (21-33 years) and those aged 47-59 years tended to be in the more positive and active clusters. This aspect of the results is interesting as it suggests that the effect of age on judgements is being influenced by external factors as otherwise the pattern would be more direct, such as with increasing age, cluster group membership shifts from the more positive

to negative. The fact that the youngest and those nearest the oldest age band were in the more positive clusters raises questions as to what the professionals are doing at these different ages. A possible explanation could be that this reflects the points at which professionals receive adult safeguarding training, which improves their confidence in identifying and responding to suspected abuse.

The banking professionals were predominantly neutral or cautious in their judgements of certainty of abuse, evidenced by cluster analysis findings, which showed that group sizes were smaller in the more certain and active clusters. This is also supported by the average certainty of financial abuse across the scenarios (56%). The degree of caution in judging certainty of abuse may be because identification of financial elder abuse is not a key aspect of the banking professional job role, and therefore they are not confident in committing to a high or low degree of certainty. This supports the findings from Phase I of research where banking professionals emphasised that their focus was on fulfilling the customer's banking requirements. This in itself may explain why likelihood of taking action was generally higher than certainty of abuse, as professionals felt they had a duty to take action to safeguard finances that were at risk.

Which participants are the most consistent decision makers?

All three professional groups showed a high level of consistency in their response to the repeated scenarios. Poor consistency can be used is a sign of limited judgement expertise (Harries & Gilhooly, 2003), suggesting that the participants who completed the task were proficient at judging suspected financial elder abuse. Although there was no significant difference between social care and health professionals in terms of consistency, social care professionals had higher CWS index scores than health professionals. This could be seen to suggest that social care professionals were better at discriminating between cases given that the CWS index is a ratio of discrimination versus inconsistency (Weiss & Shanteau, 2003). It is not possible to compare the CWS index scores of the banking professionals to the social care and health professionals as they judged a different set of case scenarios.

Consistency of action choices

For the banking professionals there were no significant differences in consistency of action choices by different demographic groups, but participants in the more certain and active clusters were found to be significantly more consistent. This suggests that further analysis to determine the judgement policy that could be used as the basis for a training tool could consider the differences between the consistency shown by the different cluster groups. This could follow the approach taken by Harries and Gilhooly (2003) who conducted cluster analysis of occupational therapists' referral prioritisation policies, which was subsequently used as the basis of a tool to train occupational therapy students how to rate referrals (Harries & Gilhooly, 2011). Consideration of the judgement policies shown by the 'Confident and very active' cluster group could be used as the basis for future training guidelines to support banking professionals in their identification of financial abuse given that this group was the most consistent.

When considering the action choices of the three professional groups, although direct comparison is not possible because banking professionals judged a different set of scenarios, it can be seen that for both health and banking professionals, consulting with outside agencies was a less frequent action choice. This may be a result of a lack of inter agency communication in cases of suspected elder abuse, as highlighted in the Phase I interviews by all three professional groups. Social care professionals were more likely to consult with outside organisations, which may reflect the co-ordinating role of social services in responding to adult safeguarding concerns as specified in No Secrets (DH, 2000). Differing professional concerns across the three groups may also explain the variation in action choices. For both health and banking professionals, protection of the individual from abuse including financial, was not a primary part of the job responsibility whereas for social care professionals it was due to their formal role in adult safeguarding. Killick and Taylor (2009) stressed the impact of professional specific knowledge and training in the response to elder abuse, which may reflect why social care professionals adopt a different response to the health and banking professionals.

9.3 Consideration of the findings in relation to the judgement and decision making research field

Phase I demonstrated that participants used a minimal number of cues to identify financial elder abuse, and in terms of the usage of the cues in Phase II when making judgements, the number of cues with a significant influence was further reduced. The limited number of cues used is in line with the decision making literature which suggests that people use fewer pieces of information than they think they do when making judgements (Holzworth, 2001). This may indicate that professionals apply heuristics to identify suspected financial elder abuse, breaking down the complex issue of identifying abuse by focusing on consideration of the smallest number of factors (Tversky & Kahneman, 1974). When considering the normative value of applying heuristics to identify financial abuse, the bias towards greater certainty of abuse and likelihood of action in cases where older people have limited mental capacity raises concerns regarding identification of abuse of older people with full mental capacity.

The influence of mental capacity on professionals' certainty of financial elder abuse and in particular their likelihood of taking action, can also be considered in the context of the debate regarding how decision making is affected by perception of the risk of the situation. In Phase I of the research, professionals highlighted the importance of assessing the individual's capacity to make financial decisions and taking action if limited capacity was established, to minimise the risk of that person being exploited. It has been recognised that assessment of the risk in a given situation is a key aspect of decision making undertaken by professionals in the social care sector in particular (Taylor, 2006a). Perceptions of the level of risk of abuse for older people with limited mental capacity could therefore result in mental capacity having a greater weighting on likelihood of action.

The use of mental capacity as a cue for banking professionals in Phase II of the research was a departure from what would have been expected based on the Phase I findings. I.e. banking professionals did not report using mental capacity as a cue although they did use it during the case scenario decision making. This suggests that the application of judgement analysis provided a more valid measure of the cues of financial elder abuse than asking professionals directly what cues lead them to suspect abuse.

The application of judgement analysis to financial elder abuse decision making should be considered in terms of the descriptive, normative and prescriptive value of adopting this approach (Bell et al., 1988). In terms of descriptive value, both Phase I and Phase II independently identified the same key factors influencing professionals' decision making. This suggests that the study has been able to confidently describe how professionals judge certainty of financial elder abuse, and likelihood of taking action in practice. The normative and prescriptive value of judgement analysis to financial elder abuse decision making is less straightforward but offers a potentially useful contribution to future research. In terms of the normative application, in order to make practice recommendation, combining the cluster group analysis with that of consistency could identify those policies of the most consistent professionals. However, optimal policies need further investigation in order for them to be clearly characterised and validated by professionals in the relevant fields. These results could also have prescriptive application by informing the development of a training tool to teach professionals how to make judgements when faced with suspected financial elder abuse.

In terms of the contribution of this research to the judgement and decision making field, Phase II analysis illustrates how judgement analysis can be applied to meaningfully interpret the relative importance of cues with multiple category levels on professional decision making. Cooksey (1996) highlights that there are only a few examples of research studies that have included categorical cues with more than two levels. This research included a number of cues with multiple cue levels. The nature of the cues of financial elder abuse required dummy variable coding, and this research demonstrates how judgement analysis involving regression with dummy variables can be meaningfully interpreted applying the incremental F-test.

9.4 Critique of the research methods

It is important to acknowledge that this research was time-limited in the sense that it was a three-year PhD research project, as well as being attached to a two-year grant funded project. The constraints of the PhD and project time span and extent of funding had practical implications, such as restricting the number of participants that could be recruited for both phases of research. In Phase I, in which the critical incident technique (Flanagan, 1954) was applied, recruitment should have continued

until no additional themes or sub-themes emerge from the incidents discussed. In recognition of this, an additional three interviews with social care professionals were conducted as they had a wide range of case experiences of financial elder abuse. Potential recruitment was limited though because of the need to complete the project in line with the agreed time span. In addition, participants were paid to take part in the research and possible funding for participant recruitment was fixed.

In Phase II, the sample size for each participant group (n=70) was calculated in line with the guidance of Cohen (1992) reflecting the planned data analysis as well as necessary significance level, test power and effect size. Although this size was sufficient to measure the main effects of the financial elder abuse cues on judgements made by the different professional groups, if participant numbers had been increased, analysis could have been run at a sub-group level, for instance, running multiple regression analysis to explore the impact of the financial elder abuse cues for individual job roles. Group level differences were explored as part of the analysis of cluster group characteristics measuring certainty and likelihood judgements, but running regression analysis at this level would have allowed consideration of how the different cues were weighted.

More broadly, it was not possible to involve the full range of professionals who might have experience of encountering financial elder abuse. When presenting the research findings at conferences, audience members questioned why professions such as the police and solicitors had not been included. Social care, health and banking professionals were selected on the basis of their role as key decision makers in relation to financial elder abuse, but police officers, solicitors and other professionals could also have had valuable experiences to contribute. The need to explore the experience of different professionals could perhaps be a subject of future research. Considering the range of professionals who might detect financial elder abuse is important, given the fact that case experience for any one professional is likely to be minimal.

In addition, the nature of research questions addressed was guided by the grant. In Phase II, professionals were asked to make a judgement regarding their certainty of financial elder abuse and the likelihood that they would take action, in order to consider abuse detection and prevention. If the research was to be repeated, it may also be of value to explore the level of risk professionals see as inherent in different situations. In the judgement and decision making literature, the impact of risk on

decision making has been highlighted, considering how the impact of risk assessment on judgements can be minimised (Hastie, 2001). Research by Trujillo and Ross (2008) exploring how police respond to domestic violence, reported an association between perceived level of risk and decisions regarding what action should be taken. In relation to financial elder abuse, Phase II of research identified that professionals' judgements of likelihood of taking action were significantly higher than their certainty of abuse, and it would be interesting to see if this could be attributed to judgements of the level of risk for the older person.

Moving on from considering limitations associated with conducting research as part of a PhD and in relation to grant limitations, other issues experienced in relation to the research are considered in the following sections, beginning with issues surrounding participant recruitment.

Issues surrounding recruitment

The geographical recruitment area for both Phase I and Phase II of the research was the same, meaning that a number of professionals participated in both phases. It is not possible to provide an exact number of participants who completed both phases given that the Phase II task was completed anonymously, but it can be estimated that a maximum of 30% of the Phase II sample also took part in Phase I given the sample sizes of both phases. A potential implication of this could have been that the close match between the Phase I and Phase II results in terms of the key cues of financial elder abuse was reflective of the overlap between the participant samples. This is unlikely though given that additional professionals completed the Phase II task over and above those who took part in Phase I, and the results for the two Phases were not identical. For instance, in Phase II, mental capacity was found to have a significant impact on both certainty of abuse and likelihood of action by banking professionals, but mental capacity did not emerge as a key cue of financial elder abuse for this group in Phase I analysis. The inclusion of Phase I participants in Phase II was also a potential benefit given that the Phase I participants had specific case experiences of dealing with suspected financial elder abuse. It was of value to reflect this experience in the identification of the cues that had a significant influence on judgements.

There were also difficulties experienced recruiting participants. In particular, recruitment of health care professionals was challenging, and a low response rate was achieved from letters to GP surgeries about the research. Although recruitment continued until the necessary sample size had been achieved, this may mean that the sample reflected professionals with a specific interest and awareness of elder abuse, which motivated their participation. Various explanations can be provided for the difficulties surrounding recruitment. It could be due to the focus of the research itself on elder abuse, and professionals not having a clear idea of what financial elder abuse actually was. Elder abuse research involving health professionals conducted by McCreadie et al. (2000) also experienced a low response rate. This was attributed to a lack of knowledge of elder abuse, meaning the research was not seen as relevant. In the current research, professionals from the health sector often had multiple examples of financial elder abuse, but were initially unclear as to whether their experiences were applicable.

It could also be argued that the requirements of the NHS ethical and research and development (R&D) approval procedure affected the process of recruitment across the multi-site area and may have acted as a barrier to recruitment. For instance, despite the fact that the research had obtained REC approval, in one primary care trust, R&D approval was provided only on the basis that the participant information sheet be changed to reflect that participants would be reported to the Primary Care Trust if negligent practice was identified. This statement may have deterred some professionals from participating on the basis of their practice being scrutinised, and that they would risk being reported if they had identified abuse and not taken any action.

This research is unique in considering the cues of financial elder abuse used by banking professionals. Previous research has struggled to involve the banking sector in research in this area (National Center on Elder Abuse, 1998), which suggests that the support of HSBC and the British Building Societies Association may have been a key factor in professionals' willingness to participate. Recruitment supported by HSBC and the British Building Societies Association was sufficient to reach the required sample size, although attempts were made to access staff working in other banks, but with limited success. Subsequent research involving banking professionals in relation to elder abuse would therefore benefit from active support from banking and building society partners, and perhaps a greater number of partners. The sample size in the current research would not have been sufficient to

enable a comprehensive comparison of distinctions between staff in different institutions though, and this was not under the remit of the research.

Recruitment of social care professionals was the most straightforward of the three participant groups, with interest in participation in Phase I exceeding the number of interviews that could be conducted due to the time and financial restrictions previously discussed. Recruitment from researcher MD's local council in the designated recruitment area was particularly effective, perhaps due to the fact that the researcher lived locally. Although agreement at management level to participate was dependent on an interest in the topic of financial elder abuse, drawing upon local links is a consideration that could be adopted by future researchers.

In terms of restrictions regarding social care professional recruitment, the number of social services departments that could be approached to participate in the research was limited to a maximum of three given the requirements of the Association of Directors of Adult Social Services [ADASS] research group (ADASS, n.d.). ADASS evaluate research proposals based on the nature of the research topic, and whether the research is seen as 'worthwhile', and recommend to social services departments not to participate in research which has not be approved by the group. The cost of obtaining approval from ADASS based on the size of the project grant would have been £705.00, which could not be absorbed under the project funding. Ultimately it was determined that three social services departments would allow recruitment of a sufficient number of social care professionals, therefore it was decided to limit the number of research sites so that ADASS approval was not required. Future research could therefore recruit from areas outside of those included in this research to enable comparison of findings, or plan for the financial outlay of obtaining approval from the ADASS.

The statistical modelling processes

In terms of the case scenario creation, the inclusion of blank information for both the identifier of abuse and the nature of the financial problem suspected created complexities in the context of the regression analysis. In initial analysis attempts, the perfect collinearity between the instances of the two blank cue level resulted in other independent variables being excluded from the resulting regression model to create sufficient variation in the data for the analysis to run. This was overcome by

excluding the blank cases from the regression analysis and selecting a different reference category. Ultimately this added strength to the analysis as it resulted in the dummy variables being compared to a more meaningful reference category. It may have been expected that all categories of financial problem suspected would be significantly different from situations with no financial problem identified, therefore, including a defined category as the reference point improved distinction between the different groups.

If this study were to be repeated it would be beneficial not to include a dependency between the blank cue level conditions. Initially it was decided that if there was no financial problem in the case scenario the identifier would need to be blank, and vice versa that if there was no identifier of the abuse there could not be a financial problem. This could perhaps be overcome by including a generic category to represent no firm information about the nature of the financial problem. For instance, after the age and gender of the older person had been identified, the case scenario could read 'A family member tells you that they are concerned he/she is being financially abused'. Blank information regarding the identifier of the abuse could be represented by moving straight into details about the financial problem. For instance, 'This older person's bank account is overdrawn and he/she does not know why'. This would overcome the collinearity between the two cues, allowing the regression analysis to compute without automatically excluding variables.

Now that research has been conducted to explore professionals' weighting of the cues of financial elder abuse, if the research was replicated, the cue order outlined by the regression analysis findings could be used to guide the order in hierarchical regression analysis. In the current research the order of cue inclusion was based on the order set out in the case scenarios to balance the analysis against the task. It has been suggested that when conducting hierarchical regression analysis, variable entry should be determined based on research evidence of which cues are of greatest significance (Field, 2009). The findings from this research could therefore provide the basis of a cue order.

Finally, there is also a broader point of evaluation regarding the methodology adopted. Initially it had been expected that a greater number of cues of financial elder abuse would have emerged from qualitative data collection in Phase I, in acknowledgement of the range of elder abuse risk factors referred to in elder abuse literature, and professional training in the social care sector in particular (Yaffe et al.,

2009). Perhaps this is a reflection of the study design, and the use of the Critical Incident Technique (Flanagan, 1954). It may be that in Phase I of research, the cues identified were more realistic of how cases are identified in practice, based on a minimal number of cues, as they were drawn from detailed explanation of case experiences. If professionals had been asked more broadly how they might identify financial elder abuse, a greater number of cues could have emerged, perhaps reflecting some of the broader risk factors. A greater distinction between the number of cues identified in Phase I and Phase II of research would have provided a more powerful illustration of the Phase II results, but the benefit of applying the critical incident technique in Phase I was that it highlighted the discrepancy between an emphasis on abuse risk factors in the literature, and how abuse is identified in practice.

9.5 Implications for further research

Research findings regarding the types of financial abuse professionals encountered suggest possible considerations for future research. A number of the critical incidents involved abuse by family members, such as in relation to inheritance. This raises broader questions concerning the relationship between financial elder abuse, and expectations regarding inheritance from one generation to the next. It could be valuable to explore the perceptions and feelings of different age groups in this area, as this may affect the types of behaviour people view as abuse and, therefore, inform policy to lead to effective abuse prevention. The issue of financial expectations is particularly topical given the current level of youth and graduate unemployment (Office for National Statistics, 2011). The issue of expectations related to inheritance is also compounded by the value of property as an asset. For older people in need of full time care, it may be that the only way to fund care needs is to sell the property.

The results also have the potential to be developed as a tool to train professionals how to detect and respond to financial elder abuse. In the health field, research has questioned the extent and coverage of training received in relation to elder abuse (Gordon et al. 2010; Thomson et al., 2010). This suggests that an evidence based training tool would be of valuable. Phase II results identified the cues which explain a significant amount of the variance in judgements of certainty of financial abuse and likelihood of action being taken, as well as enabling comparison of the relative impact of the different cues on the basis of their squared semi-partial correlation coefficient.

These findings could be used to train other professionals how to identify financial abuse and when to take action. The squared semi-partial correlation coefficients could be presented to participants as relative weights so that the sum of the cue weightings equalled one (Cooksey, 1996). Although both the squared semi-partial correlation and relative weights would reflect the same order of the cues, a sum total of one may provide more instructive when comparing the cues.

9.6 Summary

- In Phase I of research, interviews with social care, health and banking professionals about their case experiences of financial elder abuse highlighted that only a limited number of cues are used to identify abuse. Elder abuse literature highlights a range of risk factors for elder abuse, but this research questions the assumed link between risk factors and abuse detection.

- In Phase II professionals made judgements of a series of financial abuse case scenarios. The number of cues which had a significant influence on professionals' judgements was found to be even further reduced from the minimal number highlighted in Phase I. This highlights the value of using judgement analysis to capture how professionals weight the cues of financial elder abuse, in preference to asking them directly.

- In Phase II, for the social care and health professionals, the older person's mental capacity accounted for around twice the variance in likelihood of action than the nature of the financial problem suspected. Discussion of this aspect of the findings raised concerns about the need to detect instances of financial abuse where the older person has full mental capacity.

- In Phase II, for banking professionals, the nature of the financial problem suspected explained the largest amount of variance in certainty of abuse and likelihood of action. The impact of the financial problem suspected on professionals' judgements suggests that professionals do not view all types of financial abuse to be of equal seriousness. Future training for banking professionals could highlight the range of financial problems which might constitute abuse, not all of which will involve large amounts of money.

- For all three professional groups, in Phase II, judgements of likelihood of taking action were significantly higher than degree of certainty of financial abuse. This raises concerns regarding action in cases of false accusations of abuse, and the implications for professionals if action is taken too swiftly, and the abuse is found to be unfounded.

- Consideration of the action choices reported across the three groups in Phase II identifies that health and banking professionals were less willing to consult with outside organisations than social care professionals. This suggests that despite the emphasis on multi-agency working in No Secrets (DH, 2000), there are still a number of challenges to be addressed. Phase I findings reported particular difficulties include confidentiality and information sharing between agencies.

- The time limited nature of PhD research had implications for the sample size of the two research phases, and the number of research questions which could be addressed. The impact of risk on decision making has been debated in the decision making literature (e.g. Hastie, 2001), and an additional research question in relation to financial elder abuse decision making could have been to explore the relationship between the financial elder abuse cues and perceived risk of such abuse.

- A point of critique regarding the research concerned the difficulties encountered recruiting professionals. Recruitment of health professionals in particular was challenging, and, therefore, the participant sample is likely to reflect individuals with a specific interest and awareness of financial elder abuse.

- An additional point of critique was the inclusion of blank cue levels for both the identifier of abuse, and the nature of the financial problem suspected cues. The dependency between the blank cue levels meant that case scenarios with blank cue levels had to be excluded to enable the regression analysis to be conducted. If the research was to be repeated it would be recommended to include blank cue levels for one cue at a time, to avoid the perfect association between the cue levels.

- Future research could replicate the approach taken to explore decision making in relation to financial elder abuse by a wider range of professionals, such as solicitors, or police officers.

- The Phase I critical incident case examples have potential value as a training resource, as they illustrate the sorts of cases of financial elder abuse that may be encountered by social care, health and banking professionals.

- The Phase II research findings could be used to develop a training tool to teach other professionals what factors they should consider in the identification of financial elder abuse, and how to weight the relative importance of the different factors.

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Appendix 3.1 Brunel research ethical approval

Brunel UNIVERSITY WEST LONDON

School of Health Sciences and Social Care

Research Ethics Committee

School of Health Sciences and
Social Care
Brunel University,
Uxbridge
Middlesex UB8 3PH
Telephone: +44 (0)1895 274000
Web www.brunel.ac.uk

22 July 2011

Proposer: Miranda Davies – PhD Student

Title: **Detecting and preventing financial abuse of older adults.**

Reference: **08/08/PHD/06**

Letter of Approval

The School Research Ethics Committee has considered the amendments recently submitted by you in response to the Committee's earlier review of the above application.

The Chair, acting under delegated authority, is satisfied that the amendments accord with the decision of the Committee and has agreed that there is no objection on ethical grounds to the proposed study. Approval is given on the understanding that the conditions of approval set out below are followed:

- *The agreed protocol must be followed. Any changes to the protocol will require prior approval from the Committee.*

NB:

- **Research participant information sheets and (where relevant) flyers, posters and consent forms, should include a clear statement that research ethics approval has been obtained from the School of Health Sciences and Social Care Research Ethics Committee.**
- **Approval to proceed with the study is granted subject to receipt by the Committee of satisfactory responses to any conditions that may appear above, in addition to any subsequent changes to the protocol.**

Elizabeth Casssidy
Chair Research Ethics Committee
School of Health Sciences and Social Care

Appendix 3.2 NHS REC approval

NHS
National Research Ethics Service

South West Research Ethics Committee
The Leacase Offices
Shinner's Bridge
Dartington
Devon
TQ9 6JE

Telephone: 01803 849470
Fax: 01803 866561
Email: Southwest.REC@nhs.net
www.nres.npsa.nhs.uk

28 October 2008

Professor Mary Gilhooly
Professor of Gerontology and Deputy Head of School
Director, Brunel Institute for Ageing Studies.
Brunel University
Mary Seacole Building
Brunel University
Uxbridge
Middlesex UB8 3PH

Dear Professor Gilhooly

Full title of study: **Detecting and preventing financial abuse of older adults: An examination of decision-making by managers and professionals in health, social care, banking and asset management.**

REC reference number: **08/H0206/57**

Thank you for your letter of 20 October 2008, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). The favourable opinion for the study applies to all sites involved in the research. There is no requirement for other Local Research Ethics Committees to be informed or SSA to be carried out at each site.

Appendix 3.2 (Continued) NHS REC approval

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission at NHS sites ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission is available in the Integrated Research Application System or at http://www.rdforum.nhs.uk.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Letter of Invitation to Social Professionals	1.0.0	27 August 2008
Letter of Invitation to Health Professionals	1.0.0	27 August 2008
Participant Consent Form	1.0.1	20 October 2008
Participant Information Sheet: Social Professionals	1.0.1	20 October 2008
Participant Information Sheet: Health Professionals	1.0.1	20 October 2008
Covering Letter		
Investigator CV		27 August 2008
Application		27 August 2008
Referees' Report		12 September 2007
Protocol	N/A	12 September 2007
Project Leaflet	1.0.0	27 August 2008
Draft Interview Schedule	1.0	01 October 2008
Statement of Sponsorship/Indemnity		01 October 2008
Response to Request for Further Information		20 October 2008

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Now that you have completed the application process please visit the National Research Ethics Website > After Review

You are invited to give your view of the service that you have received from the National Research Ethics Service and the application procedure. If you wish to make your views known please use the feedback form available on the website.

2

Appendix 3.2 (Continued) NHS REC approval

The attached document "After ethical review – guidance for researchers" gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Progress and safety reports
- Notifying the end of the study

The NRES website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

We would also like to inform you that we consult regularly with stakeholders to improve our service. If you would like to join our Reference Group please email referencegroup@nres.npsa.nhs.uk.

REC ref: 08/H0206/57	Please quote this number on all correspondence

With the Committee's best wishes for the success of this project

Yours sincerely

pp
Chris Foy
Chair

Email: Southwest.REC@nhs.net

Enclosures: "After ethical review – guidance for researchers" SL- AR2

Copy to: Elizabeth Cassidy
Chair, Brunel University REC
Brunel University
Kingston Lane
Uxbridge
Middlesex
UB8 3PH

3

Appendix 3.3 Sample R&D approval

Wandsworth NHS
Teaching Primary Care Trust
Wandsworth Primary Care Research Centre
Wandsworth PCT
Mapleton Centre
88-92, Garratt Lane
Wandsworth, London
SW18 4DJ
Tel: 020 8812 5046

Ms Miranda Davies
Brunel University
Mary Seacole Building
Kingston Lane, Uxbridge
Middlesex. UB8 3PH

19th January 2009

Dear Ms Davies,

Letter of access for research: Detecting and preventing financial abuse of older adults
Ref: 2008/304/C,K,SM,RT,W

This letter confirms your right of access to conduct research through Croydon, Kingston, Sutton & Merton and Wandsworth PCTs for the purpose and on the terms and conditions set out below. This right of access commences on 19th January 2009 and ends on 15th September 2010 unless terminated earlier in accordance with the clauses below.

You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from these NHS organisations. Please note that you cannot start the research until the Chief Investigator for the research project has received a letter from us giving permission to conduct the project.

The information supplied about your role in research at Croydon, Kingston, Sutton & Merton and Wandsworth PCTs has been reviewed and you do not require an honorary research contract with these NHS organisations. We are satisfied that such pre-engagement checks as we consider necessary have been carried out.

You are considered to be a legal visitor to Croydon, Kingston, Sutton & Merton and Wandsworth PCT premises. You are not entitled to any form of payment or access to other benefits provided by these NHS organisations to employees and this letter does not give rise to any other relationship between you and these NHS organisations, in particular that of an employee.

While undertaking research through Croydon, Kingston, Sutton & Merton and Wandsworth PCTs, you will remain accountable to your employer Brunel University, but you are required to follow the reasonable instructions of the NHS/GP practice staff that you visit/contact in relation to the terms of this right of access.

Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by this NHS organisation in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with Croydon, Kingston, Sutton & Merton and Wandsworth PCTs' policies and procedures, which are available to you upon request, and the Research Governance Framework.

You are required to co-operate with Croydon, Kingston, Sutton & Merton and Wandsworth PCTs in discharging their duties under the Health and Safety at Work etc Act 1974 and other health and safety legislation and to take reasonable care for the health and safety of yourself and others while on Croydon, Kingston, Sutton & Merton and Wandsworth PCT premises. You must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of any other contract holder and you must act appropriately, responsibly and professionally at all times.

You are required to ensure that all information regarding patients or staff remains secure and *strictly confidential* at all times. You must ensure that you understand and comply with the requirements of the NHS Confidentiality Code of Practice (http://www.dh.gov.uk/assetRoot/04/06/92/54/04069254.pdf) and the Data Protection Act 1998. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.

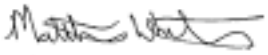
You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove your identity if challenged. Please note that these NHS organisations accepts no responsibility for damage to or loss of personal property.

We may terminate your right to attend at any time either by giving seven days written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of these NHS organisations or if you are convicted of any criminal offence. Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

Croydon, Kingston, Sutton & Merton and Wandsworth PCTs will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action against you and/or your substantive employer.

If your current role or involvement in research changes you must inform your employer through their normal procedures. You must also inform the Research Governance Coordinator in this NHS organisation.

Yours sincerely



Matthew Whiting, Wandsworth Research Centre, Wandsworth Teaching PCT

2 of 2

Appendix 3.4 Details of the NHS ethical approval process

1. The ethical approval process

This appendix outlines the process undertaken in order to gain NHS Research Ethics and Trust approval to access participants from primary care trusts. Obtaining ethical approval for social care and finance participants involved separate application processes, which are addressed outside of this appendix. The NHS application was distinct from social and finance in terms of the increased number of steps involved, the unique problems that arose, and subsequently the extended time taken to reach completion. The following section will provide an overview of the different application forms completed as part of the NHS approval process.

1.1. Overview of the different NHS ethics application elements

The NHS ethics and trust approval process involved completing seven separate application forms, which were as follows:

(1) Integrated Research Application System (IRAS)

The IRAS form is the combined NHS research ethics committee (REC) and research and development (R&D) application portal. Questions cover all aspects of the research design, methodology and analysis. This means ethical issues can be assessed, and project data collection procedures can be reviewed.

(2 - 5) Site-specific Information (SSI) Form for each PCT/Regional PCT in the proposed participant recruitment area

SSI forms were completed for South West London; North West London, East & West Berkshire and West Kent PCT. SSI forms contain specific local level information, such as which researchers will be collecting data in that area, as well as if there are any aspects of the research which differ in that location from what was specified in the main IRAS form.

(6) UKCRN portfolio application

Research projects now have to be registered on the UKCRN portfolio in order to gain trust approval as of November 18th 2008, otherwise there will be an fee incurred to gain trust approval to access participants. This is so that R&D departments can identify which projects are taking place in their area, and obtain centralised funding for any overseeing involvement.

(7) Research passport application

The research passports are used to verify that each researcher has the necessary qualifications and experience to undertake the required method of data collection.

From the date of submission of the IRAS form to Brunel University for initial approval to achieving final approval from the NHS research ethics committee and all Trust locations took over nine months. The researcher experience of the NHS ethical approval process will be outlined in the following section.

1.2. Researcher experience of the NHS approval process

It was firstly necessary to learn what was involved in the NHS approval process, which led to some key distinctions being identified. For example, the difference between NHS research ethics approval (REC), and NHS Research & Development (R&D) approval. REC approval has to be obtained before R&D approval, as this shows that any potential ethical issues associated with the project have been sufficiently addressed. Participant recruitment cannot start until each trust in the proposed participant data collection area has then given local level R&D approval. This is necessary so that procedural details about the project are specified in advance, such as if the study involved a large amount of resources. This may include staff time, space, or equipment.

A representative from the Hounslow & Hillingdon REC was contacted, who agreed to be the contact for REC queries, despite the fact that REC approval could not be applied for via Hounslow & Hillingdon. It was through this contact that it was learned that as the study was going to be recruiting across multiple areas it needed a special type of REC review and approval (as a Type-3 multi-site study), which had to be obtained through one of the larger REC.

Another important distinction was the difference between the Primary Care Trust (PCT) and Acute Trust. The PCT manage approval for research involving community based health professionals such as GPs, whereas acute trusts have jurisdiction over staff based in hospitals and specialist health facilities. It was advised that the project make contact with each PCT across the multi-site area to see if they would accept the IRAS form, and if they had any specific requirements about how the application was completed. After finding this out, an attempt was made to contact PCT R&D staff. The website rdforum.nhs.uk contains contact details for R&D staff in each PCT across the UK, but many details were out of date, or no success was gained trying to speak to the staff identified.

After a period of trial and error it was found that the Greater London based PCTs operate in geographic zones, with a centralised contact who would liaise with individual PCTs in that area for research R&D approval. Due to the variation in terminology applied to these contacts across the London regions, for the purpose of consistency they will be referred to here as ‘regional R&D contacts’. The presence of regional R&D contacts was discovered after using the PCT map on Londondeanery.ac.uk, which displayed the London PCTs split by compass region (North West, South West, North Central, North East and South East). This map was initially used to work out where and how large the participant recruitment area should be, but subsequent Internet searches by geographic region (e.g. search term ‘South West London research ethics approval’) led to the details of the regional R&D contact for the South West. For example, in South West London, Wandsworth PCT is able to provide R&D approval for the five individual PCTs in the area. Discussion with the South West London contact then led to confirmation of the other key regional R&D contacts. The London regional R&D contacts had more up-to-date information on the NHS approval process, and were easier to get hold of in relation to queries.

It was decided to include South West London and North West London in the participant recruitment area, and also to include some areas outside of London. The researchers geographical locations led to West Kent, and Berkshire East and West being targeted for ease of data collection. As these were individual PCTs, it was again very difficult to both find and contact via phone or email the correct contacts.

An early issue faced was that the IRAS system had only recently been implemented (the previous system being the NRES form) therefore it was difficult to find anyone with experience of the new system (within the University or the NHS) and what it involved. At a trust level some contacts still spoke in terms of NRES (particularly individual PCT R&D contacts), which lead to confusion over what advice to follow.

The first application form completed with the IRAS. This involved writing about all aspects of the research as per the protocol, but with an increased level of detail. The sections had to be written in a way that was accessible to different audiences, as the NHS REC review panel included both health professionals and members of the public. The form was completed primarily with details relating to the health and social care participant groups involved in the research. Even though the IRAS form at the present time only provides approval for health staff, it was felt that details of procedures relevant to social care professionals should be included due to the degree of overlap between the two areas. It is anticipated that as IRAS evolves, ethical approval for social care participants will be ultimately be conducted under the same system. Ethical approval for finance participants was obtained via a separate application to the Brunel research ethics committee, which was completed by project PhD student, EN.

In terms of completing the IRAS form, the most time consuming aspect was collating the required supporting material. In addition to the IRAS form itself, 13 additional documents had to be sent. These included:

(1) Summary C.V. for Chief Investigator
(2) Research protocol
(3) Participant information sheet (health professionals)
(4) Participant information sheet (social professionals)
(5) Letter of invitation (health professionals)
(6) Letter of invitation (social professionals)
(7) Interview schedule
(8) Project leaflet
(9) Participant consent form
(10) Evidence of funding
(11) Insurance/Indemnity policy
(12) Letter from sponsor (Brunel University)
(13) Referees' report

A key terminology distinction of the form was also the difference between Site-specific Assessment (SSA), and Site-specific information (SSI). The project was SSA exempt, which meant that it was only necessary to complete an overall SSI form for each PCT/regional PCT. SSI forms did not have to be sent in with the main IRAS application due to the fact that the project was multi-site, meaning that the reviewing REC was not a local trust where research was being conducted.

When the IRAS form had been completed, it firstly had to be reviewed by the Brunel research ethics committee. As the internal research sponsors, Brunel had to ensure that the form was completed to a sufficient standard, and provide their approval for it to be sent to the NHS REC. The time taken to receive feedback from Brunel ethics approval was minimal. The initial Brunel REC comments resulted in some small changes. For example, the participant information sheet was altered to more clearly state the response that would be made to cases of negligent practice.

Once approval from Brunel had been obtained, the next stage was to ring up the central allocation system to book an appointment at the next available Type-3 REC. An appointment was made for the South West REC, which was initially understood to be South West London, but ultimately turned out to be South West England, meaning the REC meeting was held in Taunton. Given the distance between London and Taunton it was arranged to be available by phone to address any queries the REC had on the day of the meeting rather than attend in person. The South West REC had only three small queries with the application, which again resulted in some small changes being made to the participant information sheet and consent form. The changes were then sent to the REC, who then wrote to us with their final approval.

After NHS REC approval had been obtained, the next step was to start the process to obtain R&D approval. Each trust was provided with evidence of the favourable ethical evaluation, as well as any other supporting material required. The trust contacts asked for all the material that the REC had reviewed in addition to a Site-specific information (SSI) form.

One issue encountered was that all the trusts/regional trust areas had different approaches and requirements about what was needed. For example, both Berkshire East & West and West Kent said that the project needed to be registered with the UKCRN porfolio application, although the SW and NW London areas said that this was not necessary. Registering with the UKCRN seemed to be a necessity for the smaller trusts to justify funding for their R&D departments, otherwise the project would need to pay in order to access participants in those areas. Although NHS REC approval was received prior to the National Institute for Health Research (NIHR) Co-ordinated system requiring UKCRN porfolio application being implemented, we had to register in order to recruit participants across the chosen participant recruitment area and this was therefore a cause of delay.

Another issue faced was that PCT approval was needed from four areas, which meant sending out four sets of information, and dealing with four different contacts. Another point of delay was that some trusts raised queries that were related to ethics rather than project procedural details, despite the fact that the project already had REC approval. This therefore meant addressing the queries without making changes that would require fresh approval from the NHS REC via the substantial amendments process.

The project also encountered a difficulty relating to the NHS approval process once the social participant group interviews were underway. One of the Councils involved in the research put forward some NHS staff as potential participants because social services are in some instances integrated with certain NHS areas due to the overlapping nature of their work. An example could be links with day hospital staff that encounter vulnerable older people.

Because recruitment of NHS staff via social services had not been anticipated and was not part of the initial IRAS application, to involve these NHS staff would have required submitting a substantial amendments form to the main REC in the first instance to obtain their approval for this. It was then discovered that some of these NHS staff who had expressed an interest via social services were actually employed by the mental health trust, therefore meaning they fell under the acute organisations procedure for obtaining trust approval. Because of the delay entering this new process would have had on the data collection and the recruitment of participants for Phase II, it was decided to exclude any NHS staff councils offered. The impact of this was therefore that a potential group of health participants could not be accessed.

In conclusion the following lessons were learned through completing the NHS approval process:

- The distinction between REC and R&D approval.
- The difference between the PCT and Acute Trust.
- The requirements for SSI versus SSA.
- That greater London PCTs work under regional areas for Trust approval in the case of multi-site studies.
- Obtaining NHS ethics approval is very time consuming. When estimating the project time-plan, sufficient time needs to be allowed to obtain the necessary approvals.

1.3. Internet resources referred to:

The following is an outline of internet resources referred to whilst completing the NHS ethics and R&D application process.

Londondeanery.ac.uk
Provides an area map of London outlining which PCTs make up each geographical area.

myresearchproject.org.uk
Website containing the Integrated Research Application System (IRAS) for NHS ethics & R&D approval

nhs.uk > ServiceDirectories > Primary care trust listing
Facility to search via PCT (as identified on the London Deanery map) to see how many GP practices are in each PCT, and what their contact details are.

rdforum.nhs.uk
Contains contact details for primary care trust R&D contacts

Appendix 4.1 Phase I recruitment letter

Brunel UNIVERSITY WEST LONDON

School of Health Sciences and Social Care
Brunel University,
Uxbridge
Middlesex UB8 3PH
Telephone: +44 (0)1895 274000
Web www.brunel.ac.uk

Dear *Senior Partner*,

Have you or other members of the practice team ever suspected that an elderly patient is being financially abused?

If so, we would be very grateful if you or your colleagues in the MDT would consider taking part in research which has been funded by a cross council including the MRC. Researching the role of health care professionals in detection and intervention of financial elder abuse has been commissioned so that evidence based policies can be developed to support the decisions health professionals have to make in these situations.

We are approaching health professionals across your PCT to see if they would be interested in taking part in this research. Participation requires having had experience of at least one instance of suspected financial abuse of an elderly patient, for example where you felt it was inappropriate to have been asked to assess the mental competency of a patient to sign the power of attorney over to a relative, or you have a patient who has started to express concerns about money and has been told by a relative to curb their spending. Participation would either involve an short audio taped interview concerning your general thoughts about financial elder abuse and the decision making process in instances you have encountered and/or to view some short case examples and to judge the risk of financial abuse you think is occurring. We recognise that you are very busy, and so we are happy to come to your surgery and provide a sandwich lunch for you whilst you participate.

Appendix 4.1 (Continued) Phase I recruitment letter

Enclosed is a leaflet about the project, as well as an information sheet providing further details about taking part. We are also happy to arrange a visit to discuss the project with you in more detail if that would be of interest. If after reading the enclosed information you would like further information or would consider being involved please contact either myself (*Researcher Email*) or the project supervisor (*Additional Contact* (Email).

Thank you for reading through this information

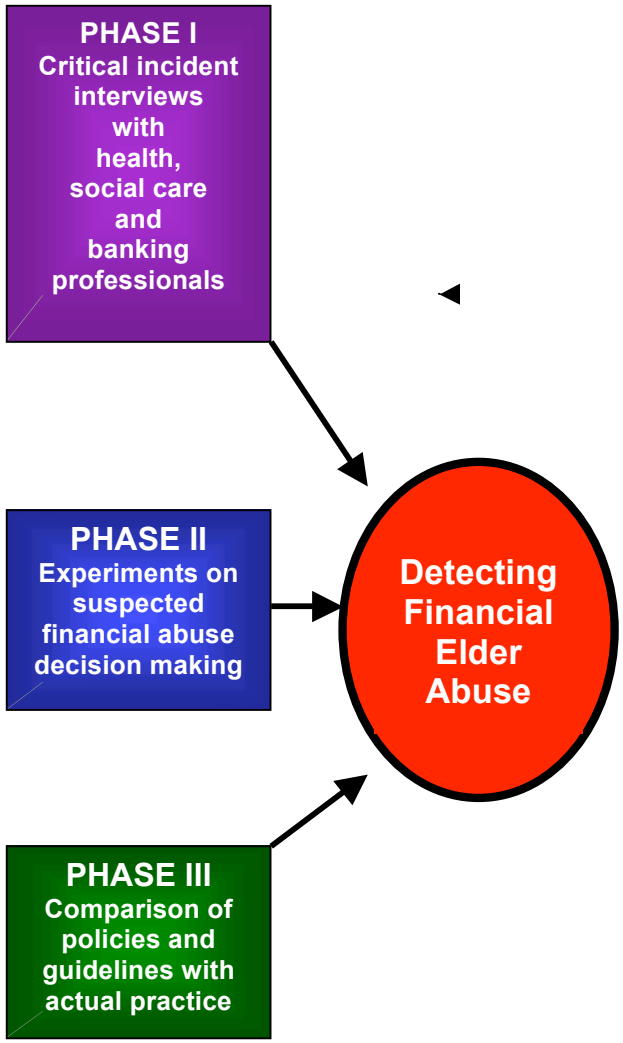
Yours sincerely,

Researcher Name, Brunel University.

Brunel Institute for Ageing Studies
Director: Professor Mary Gilhooly
Tel: 01895 268 756

Deputy Director: Dr Ian Kill
Tel: 01895 266 286

Appendix 4.2 Phase I information sheet



nda PROGRAMME

Grant Holders:

Prof Mary Gilhooly	Brunel University
Dr Priscilla Harries	Brunel University
Prof Ken Gilhooly	Hertfordshire University
Prof C Hennessy	Plymouth University
Dr Tony Gilbert	Plymouth University
Prof David Stanley	Northumbria University
Ms Bridget Penhale	Sheffield University

Research Fellow:

Debbie Cairns

Administrative Assistant:

Andrea Whitehead

PhD Students:

Miranda Davies
Libby Notley

Partners:

Action on Elder Abuse
British Association of Social Workers
Help the Aged
HSBC
North Tyneside Council
Relatives and Residents Association
Peninsula Care Sector Group
Peninsula Primary Care Research Network

If you have any concerns about the research conduct of this study please contact the principle investigator:

Professor Mary Gilhooly
Director
Brunel Institute for Ageing Studies
School of Health Sciences & Social Care
Brunel University
Uxbridge, UB8 3PH, UK
mary.gilhooly@brunel.ac.uk

Research Project

Information Sheet for Health Professionals

Detecting and preventing financial abuse of older adults

An examination of decision making by managers and professionals in health, social care, and banking

Brunel Institute for Ageing Studies
Brunel UNIVERSITY WEST LONDON

Detecting and preventing financial abuse of older adults

An examination of decision making by managers and professionals in health, social care, and banking

What is the aim of this study?

The aim is to investigate how different professional groups make decisions when they suspect financial elder abuse is taking place.

Who is funding this research?

This project is funded by the cross council New Dynamics of Ageing Programme, and is administered by the Economic and Social Research Council (ESRC).

Who is doing this study?

This study is being conducted by an interdisciplinary team of researchers from five universities. The list of the grant holders can be seen on the back. The interviews will be conducted by Debbie Cairns, Miranda Davies and Libby Notley.

Who is being asked to take part?

Health care professionals from primary care trusts across England have been invited to participate.

Taking part in the study requires having had at least one experience where you have suspected that an elderly person is being financially abused.

What happens if I don't want to take part or change my mind about taking part?

Taking part is voluntary. You can withdraw at any time without consequence or pressure personally or professionally.

Will I be paid to take part in this study?

As a gesture of thanks, participants will be offered either a small gift-voucher or the option of a sandwich lunch while participating in the study.

What methods are being used?

We appreciate that as busy professionals you may have restricted time available, and therefore those who are only available for shorter time periods for either phase will be gratefully accommodated.

Participation will involve either:

1. an audio taped interview which will last approximately 45 minutes, about general thoughts about financial elder abuse, and the decision making process in instances encountered.
2. and/or to view some short case examples and to judge the risk of financial abuse you think is occurring. Participants involved in Phase II should also allow approximately 45 minutes.

For participants who would like to take part in both phases, total time of involvement will be approximately 90 minutes.

When is the study taking place?

This study will begin in November 2008.

Does this study have ethical approval?

Yes. This study has NHS research ethics approval from the South West Research Ethics Committee. The study also has ethics approval from Brunel University.

Is the information confidential?

Yes. All the data collected in this study are treated as highly confidential.

All raw data will be held in a secure location, in accordance with the Data Protection Act (1998),

Data will be disposed of after 10 years to allow maximum research publication opportunities.

How will the Research be used?

Research findings will be reported in the public sector, as well as through submission to relevant journal publications.

Participants' contact details will not be divulged to anyone outside this project.

The research is focused on the decision making process, rather than evaluation of actual decisions made. As such, negligent practice issues are likely to be only minimal risk. In the event of any researcher concerns, the principle investigator will be consulted.

Is information I provide reported anonymously?

Yes. Any case examples used to report findings will be anonymised. Your identity will *never* be revealed

Who can I talk to after the study if I have anything to follow-up on?

The project researcher will be happy to address any follow-up issues you might have after the research.

Internal sources for follow-up will also be identified for you, such as occupational health.

Who should I contact for information?

If you would like further information about this study or would like to take part, please contact:

Project researcher:
Deborah Cairns (Deborah.Cairns@brunel.ac.uk) *or*
Dr Priscilla Harries (Priscilla.Harries@brunel.ac.uk)

nda PROGRAMME
new dynamics of ageing
a cross-council research programme

Appendix 4.3 Consent form

R27053

Brunel UNIVERSITY WEST LONDON

ID:_____

Detecting and preventing financial abuse of older adults

Researcher: *Name*

If you would like to take part in this research, please tick to indicate that you agree with the following statements in the space provided, and fill in your consent details.

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to ask questions about the study, and I am happy with the answers provided. ☐
2. I understand that this interview will be tape-recorded, with my identity remaining confidential. ☐
3. I give my permission for direct quotations to be published in an anonymous format with any identifying information removed. ☐
4. I know that participation is voluntary and that I can withdraw from the study at any time without consequence personally or professionally. ☐
5. I understand that data collected during the study may be looked at by members of the research team at Brunel University for reporting purposes. ☐

Print name: _____ Date: _____

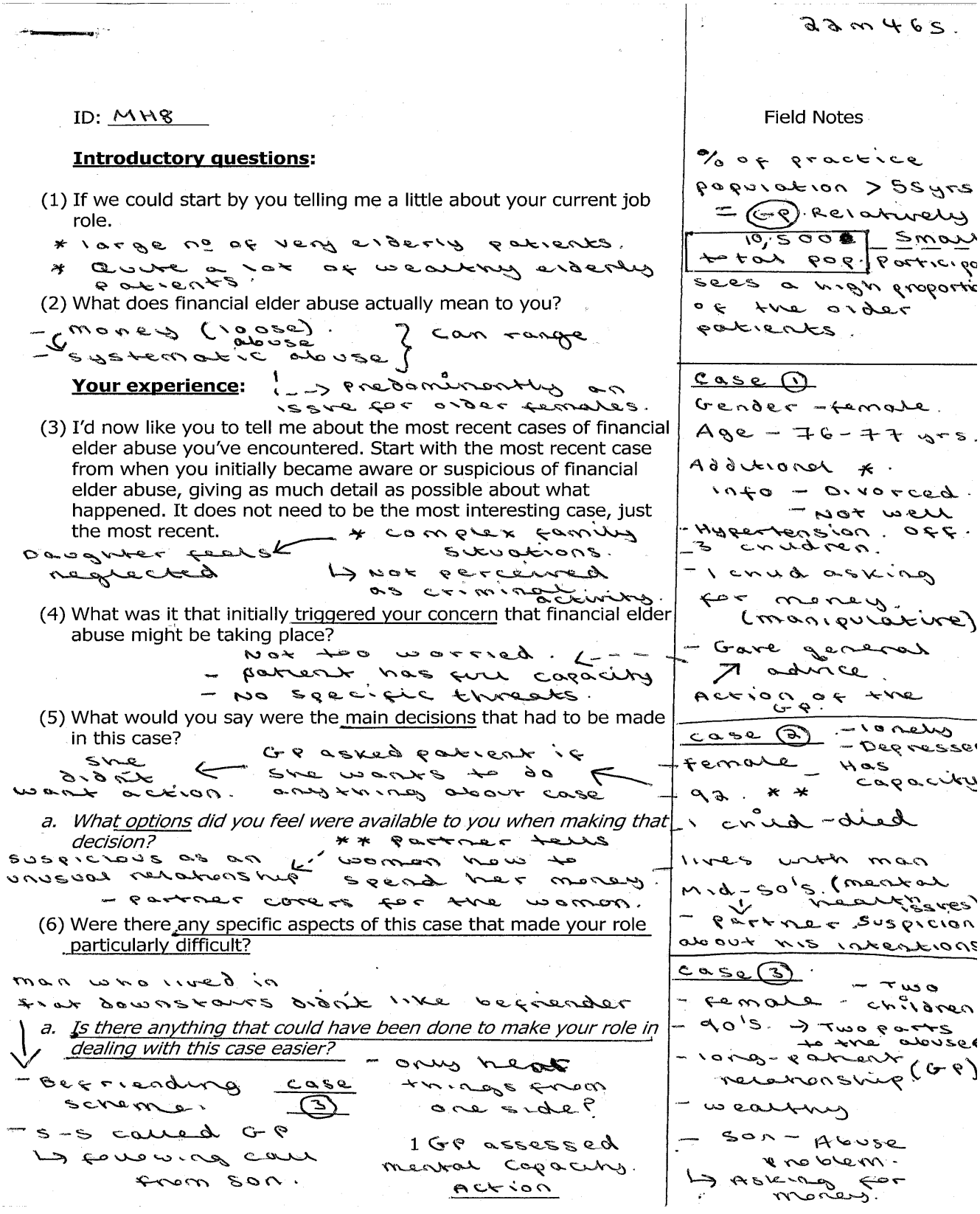
Signature: _____

If you would like to receive a copy of the results overview please provide your contact details below:

Email: _____

Brunel Institute for Ageing Studies
Director: Professor Mary Gilhooly
Tel: 01895 268 756
Deputy Director: Dr Ian Kill

Appendix 4.4 Sample Phase I interview field notes



22m46s.

ID: MH8

Introductory questions:

(1) If we could start by you telling me a little about your current job role.

* large no of very elderly patients.
* Quite a lot of wealthy elderly patients.

(2) What does financial elder abuse actually mean to you?

- money (loose) abuse
- systematic abuse
} can range

Your experience: ! --> predominantly an issue for older females.

(3) I'd now like you to tell me about the most recent cases of financial elder abuse you've encountered. Start with the most recent case from when you initially became aware or suspicious of financial elder abuse, giving as much detail as possible about what happened. It does not need to be the most interesting case, just the most recent.

* complex family situations.
Daughter feels neglected
↳ not perceived as criminal activity.

(4) What was it that initially triggered your concern that financial elder abuse might be taking place?

Not too worried.
- patient has full capacity
- No specific threats.

(5) What would you say were the main decisions that had to be made in this case?

She didn't want action.
GP asked patient if she wants to do anything about case

a. *What options did you feel were available to you when making that decision?*

** partner tells women how to spend her money.
suspicious as an unusual relationship
- partner cares for the woman.

(6) Were there any specific aspects of this case that made your role particularly difficult?

man who lived in flat downstairs didn't like befriender

a. *Is there anything that could have been done to make your role in dealing with this case easier?*

- Befriending scheme.

case (3)

- S-S called GP
↳ following call from son.

- only hear things from one side?

1 GP assessed mental capacity.
Action

Field Notes

% of practice population > 55yrs = (GP) Relatively
10,500 total pop. Small
Participa
sees a high proportio
of the older patients.

Case (1)
Gender - female.
Age - 76-77 yrs.
Additional info * .
- Divorced.
- Not well
- Hypertension. Off.
- 3 children.
- 1 child asking for money. (manipulative)
- Gave general advice.
Action of the GP.

case (2)
- lonely
- Depressed
female - Has capacity
92. **
1 child - died
lives with man
Mid-50's. (mental health issues)
- Partner suspicion about his intentions

case (3)
- female
- 90's. → Two parts to the abuse
- long-patient relationship (GP)
- wealthy
- Two children
- Son - Abuse problem.
↳ Asking for money.

Appendix 4.4 (Continued) Sample Phase I interview field notes

ID: MH8

Additional prompts:

What was the impact of the financial abuse on those involved? E.g. the older person/family/the professional themselves

General policy:

Now that we've discussed some of the specific cases you've experienced, I'm going to ask you a few questions about general policies or rules of thumb you follow in cases where you suspect financial elder abuse.

part of the GP-patient relationship is to assess capacity

(7) Is there a formal process that you have to follow if you are suspicious of financial elder abuse, and if so, can you talk me through it?

- no written process.

a. If 'yes', how easy is the current policy to work with? What is missing, what works well?

Has not had to ever liaise with S-S about financial abuse

b. If 'no', OK, let's think more about informal policies, what is the first thing you would do if you suspected that an elderly patient/client was being financially abused?

(8) Do you find it easy or difficult to identify cases of financial abuse? Perceptions that it is probably happening quite a lot.

→ Not something GP's primarily address, but can be a contributory factor ←

Follow-up questions:

(9) What factors might make your profession reluctant to address cases of financial elder abuse?

(10) How could guidelines to address cases of financial elder abuse be tailored to best support you? E.g. format/content/interaction with other professional groups

- length (not too long).
- Electronic format.
- Consider that GP's only have short consultations —

Field Notes

Process

Always maintain patient confidentiality

↓

Assess capacity?

↓

Talk to patient. What do they want?

↓ If 'yes' to action

*S-Social

+Police ↔ potential options

↓

If clearly fraudulent

GP role with the patients is holistic

↳ finances come into this capacity ↓

Appendix 4.5 Phase I demographic information sheet

Demographic details:

Participant Group:

1 Social ☐
2 Health ☐
3 Finance ☐

Gender:

1 Male ☐
2 Female ☐

Age:

_____Years

Job-role:

_____

Length of service:

_____Years

Ethnicity:

1 White ☐
2 Black-Caribbean ☐
3 Black-African ☐
4 Black-Other ☐
5 Indian ☐
6 Pakistani ☐
7 Bangladeshi ☐
8 Chinese ☐
9 Other _____

Appendix 4.6 Sample Phase I interview transcript

INTERVIEW TRANSCRIPT

INTERVIEWER	PARTICIPANT	INTERVIEW DATE	INTERVIEW TIME	DURATION	WORD
Miranda Davies	MH5	22/05/2009	2:00 pm	21 minutes 46 seconds	3,474
PART. GENDER	**PART AGE**		**PART. JOB ROLE**		
Female	44		GP		

Line No. Interview Text

[0:00] **I: Ok if you could just start by stating for the record what your job role is and the proportion of your patients that are elderly?**

R: Ok, my job is a as a GP, a full time GP or a GP partner, and I deal with a practice population I suppose of about 40% over the age of 65.

I: Ok and if in the course of your day to day job role someone was to say to you 'what does financial elder abuse mean?' what might you say to them?

R: I would say that it would be taking advantage of someone who was perhaps in retirement and either asking them for money or deliberately encouraging them to spend money on things that weren't going to be for their benefit or to use perhaps threat or even stealing. So it may be something maybe is not apparent to the elderly person or to the family but to an outsider analysing it, would say that it was something that was to the advantage of the person abusing not an advantage to the elderly person.

I: Ok and so we're here today to discuss any specific times when you have suspected that one of your elderly patients might be being financially abused. So could you talk me through perhaps your most recent case, starting from when you first suspected it and giving as much detail as possible about the process and what happened?

R: Ok, erm, obviously I have to keep confidential the details, but it's an elderly lady who's got dementia who lives with her son in her house. She needs more care, or could do with more care, and the son gets increasingly frustrated looking after her because she wonder;, she gets up, she knocks things over and this sort of thing, and really she probably would be better in some form of home but the son is very aware that if he sells the home then he's going to be potentially on the street. So, his interests are really not necessarily the best interests of his mother, but his mother is unfortunately not able to make really good informed decisions and her son is the next of kin and her sort of power of attorney.

I: Ok, and how old roughly is this lady?

R: The lady I would say is probably 88 and the son was probably 50, 51.

I: Ok so how did this lady first come to your attention, was it through her visiting a practice or?

R: No she doesn't visit the practice, she's house bound. Erm, so it came to my attention because she was becoming increasingly confused and was unwell, and had an urine infection so she was visited at home and it was at that point that I said that I thought that perhaps it might be difficult for the son to be looking after her, and he said it was, and I discussed options available. And then I- it became apparent to me that part of the limitations of the options was based on the fact that he didn't want to use the finances.

I: Right and was he working himself or?

R: No he doesn't work so he's a full time classified- I suppose he's a full time carer, but in fact he's completely supported by his mother.

I: Right ok so what, for yourself, what did you feel that was limiting; his reaction in this case was the finance angle really that was restricting him?

R: Yes I felt that he was putting his position above his mother's needs.

I: Right and how much awareness do you think that she had at all about this?

R: None.

I: None at all ok. So what were the steps that you had to take aside from telling him the options in that incidence; is there anything else that could be done?

R: Yeah I mean I basically contacted the social workers and contacted the district nursing team, and I also- we have a system at the surgery whereby some of our patients voluntarily help other other patients which is obviously free. So I got the social workers involved to try and go through all the free options that were available, like increasing day to day care attendance, which is what they done and perhaps increasing sort of other carer input which they done. And we've put them in contact with one of our patients who can hopefully sort of, not babysit, but mind the mother so the son can go out and do a bit more. But essentially in the back of my mind I suppose the same aspect applies that this lady probably would benefit from having increased help or assistance, or maybe being in different accommodation but that would involve selling the family home and therefore the son would potentially be out on the street.

I: Do you feel that this is having any impact on her state of health by being (returning) in the home?

R: Yep, yeah.

I: In what sort of sense do you think?

[16:12]

R: Erm, I feel that you know, although the son is in the house I don't feel that she's being looked after appropriately. I mean I don't think that he- I mean I know that there have been some episodes whereby he says he's got very frustrated with her and she has fallen. Erm, and I know that he gets- has difficulty getting her upstairs, and I know that he occasionally locks her in her room and I know that erm, he spends a lot of time upstairs on the internet when she's downstairs on her own and I know also that he sort of sends her to sort of solitary confinement almost whereby he won't speak to her to punish her if she breaks something of his.

I: So psychological abuse almost?

R: Yeah.

I: Ok, and what was social services response to the case?

R: Well they were understanding and they were trying to work what was going to be in best interest as much as they could, of both parties. But unfortunately the son is the one who is making the financial decisions and so there was to a degree a bit of a block there, like a barrier really.

I: Right ok, so how long had he been in the position of power of attorney?

R: Gosh I don't know, unfortunately I've only known the lady for about a year. She's had dementia I'd say probably for sort of at least 4 or 5 years.

I: Ok and with cases like this, what do you think are the angles that make your role particularly difficult in terms of dealing with your suspicions?

R: It's very difficult because you want to keep the son on good terms with you because you want him to be able to voice his frustrations, his irritation erm, and his cries for help or assistance without feeling that you're checking on him and monitoring him and accusing him. Erm, and also you have to feel that you've got access and he essentially is the point of access so you have to tread carefully. I mean currently he obviously loves his mother and she is far more settled then she's ever- then she would be if she ever has to go to hospital because she's in familiar surroundings. So my role I suppose is to have a sort of open door policy erm, have a sort of, make sure that I review the situation regularly and you know have easy access for the son if there is any problems.

I: So is the son quite keen to have agencies such as yourself and social services involved in sorting this out?

R: Yes [oh that's good] and he will, he will admit that he is concerned about the finances and he says he can't afford to and he says that his mother supports him because it's her house, so he is aware.

I: And do you feel that being a carer is having a negative impact on him in terms of his health or well-being?

R: Yes I do.

I: Ok and how sort of smooth- easy going is it working with social services in cases such as this do you find?

R: Erm, generally quite good. I just, sometimes you sort of feel that you know what the person needs but there's just not enough of those of facilities and you know you can see a solution but in fact there's a solution, all you've done is aired a problem, aired a gaping hole really.

I: Right and what do you feel might have made dealing with this case easier you know in a perfect world?

R: Erm, obviously if the lady wasn't demented, erm... if the son were- he's got another brother- no another sister rather, if there were better sort of interfamily communication. Perhaps if the son were better educated erm, well I suppose it would be easier if they had more money, so you know this- they're not a massive- I don't believe they're a very wealthy family, they're adequately well-off, I think they own the house, but if they had lots of money perhaps the situation would be different; if the son were working for example and he had a paid carer, but he doesn't work and he's the carer.

I: So do you feel that if finances were in place that he would move her into long term care arrangements?

I: Yeah, definitely would.

I: Ok, moving back to the point that you made about social support. So the son is dealing with her independently, there's nobody else sort of family wise that's helping out with the care at all?

R: Nope, nobody.

I: Ok, well thank you for sort of talking me through that case, I don't know if you've got any others that spring to mind in terms financial abuse?

R: Yeah I can think of another one. This lady I haven't seen for a while, she's I'd say early 80's; quite eccentric but mentally with it erm, lives on her own, very wealthy and I believe had a flat which she let out above where she lives. And in there had a couple of gay men who were partners who occasionally used to do errands for her because her abilities are not as good, her sight's not as good and she falls over a little bit so they would maybe take something for the post office, pick things up for her. Erm, but that developed into loans, so she sort of knew that these people, these people were on first name terms with her, very pally, very friendly, moved out but the loans were still there and the way we knew about this was because again one of our patients who was a voluntarily carer, I put him in contact with her. Erm, he became very angry and upset because he exposed this sort of seepage of money going out to somebody who at the end of the day was taking advantage of a lady who had the money but I don't think could quite- would have quite accepted that this was essentially theft really.

I: So the voluntary carer informed yourself?

R: Yes.

I: Ok and was the next step after that?

R: Erm I don't know what we did after that actually, I don't think we did anything about it. The difficult thing really is is when someone's mentally with it you're- it's difficult really then to sort of bring something up without potentially causing a conflict. I mean certainly the patient who's a carer was very upset by the whole thing and I think he broached the subject with her, but I think she told him to mind his own business so I think it was almost perhaps she was in denial or maybe embarrassed by what was going on.

I: I suppose that's a definitive block of she's saying that this isn't a problem and it's her right to spend the money she wishes the it's hard to-

R: But I don't think the erm, behaviour is, for the man who's taking the money is appropriate; again I think its abuse.

I: Right and, I mean I'm not sure if you know this, but are these men still in contact with the woman?

R: Yes I believe so yeah.

I: Ok, right so again similar to the last case, what do you feel were the sort of key difficulties in this sort of scenario?

R: Erm, it was, the information I had was second hand and information I had was from one of my patients already which was difficult. Erm... ok I didn't want to- I mean the relationship this patient had with my other patient was very good and very effective and very helpful and he was a man who was freely offering to help. So, I was sort of feeling that perhaps the other man who's taking the money from this lady, his requirements you know, assisting her was going to be reduced by her having this option as a free option from someone who was trustworthy. Erm, so the

problems I had really was that I didn't want to cause too much upset for something that I hadn't witnessed myself, although I did have suspicions because this man had called a few times when I visited.

I: Right and how do you feel that you know you would have liked to move on in this case if you had had a sort of knowledge of what was going on; what perhaps might have been your options?

R: Erm I would have tried to- I think the lady has got a son actually, I think she's got a relative- distant relative, I would have liked to have encouraged her to inform that person, obviously I wouldn't be able to inform them myself. Erm, I would like to have involved social services.

I: Ok and this woman she wasn't a patient of the practice it was just-

R: She is a patient of the practice.

I: Ah so this- kind of a bit of a conflict there between the-

R: Yeah that's the problem.

I: Yeah, the main issue?

R: Yeah.

I: Ok, well thank you for talking me through those two case examples. I'd just like to think more now, just a few questions now about sort of formal process that you have to follow in cases where you suspect that an elderly patient might be being financially abused. So if something came to your attention today can you talk through the hypothetical steps that you would then take if you know you have the definitive proof that this is what's going on?

R: Yes I'm trying to imagine a scenario really but erm, I suppose I'd have to- first of all I would have to clarify things with the patient as much as I possibly could and work out whether the patient was mentally able, and I would have to get as much information if a patient was mentally able to find out what they knew, what they- how they interpreted it, erm, if they knew about it, what the reason for it was. If the person wasn't mentally able then I would possibly get the involvement of the mental health care team, the psychiatrist obviously definitely social workers in both cases. I probably, if I could, if there were any other family member's present, try to encourage the patient to let me discuss it with other family members, but I'd have to be able to do that only if I had their consent. Erm, discuss it with the other partners here, discuss it, so in the practice meeting, discuss it with erm, the district nurses, and then I suppose you might even have to- well I'd contact the medical defence but maybe they have to think about informing the police.

I: Ok and when you talk about discussing it in the practice meeting, is that to sort of bounce ideas and-

R: Yeah, yeah and also to make other people aware, because sometimes you know, in a busy practice with lots of patients you can find that you're the one who's seeing that patient all the time because they get to know you. But sometimes someone else might have a different, know some information that you don't know that might not be documented and say actually 'hold on that's not right, that's not the way it is'. So also just to highlight other people's awareness so that if other things come to light their attuned to it.

I: Ok and through the course of the practice meetings is it sort of a topic that's quite frequent or becoming more frequent would you say?

R: I think it's becoming more frequent, I mean certainly the first case I presented to you was discussed at one of the meetings.

I: Ok and are these multidisciplinary in terms of GPs plus other staff?

R: Yep, yeah they are.

I: Ok, to move onto a slightly different question now how easy or difficult do you think it is to actually identify that a situation is financial abuse?

R: Very very difficult because people's finances are quite personal, and also people get a bit embarrassed about you know, what they're handing over to other people and why they're handing it over and it's almost a bit of a insult to actually enquire, it's almost implying that they're not able to manage their own affairs, so to a degree you're undermining somebody by sort of questioning them. Also another aspect is I mean we're GPs, we're medical doctors, we're not sort of financial advisors and you know a person's finances are not really any of our business. However, you know, if someone's being abused; physically, mentally, psychologically, financially, there's

someone taking advantage of somebody else, then you know we do have a duty of care erm, but it is a very very difficult thing to pick up. I mean often it's through an informant.

I: Right ok, and do you think there are any factors that might make health professionals reluctant to address cases of financial abuse that they come across?

R: Erm, yes bares repercussions, you know the person who's the abuser might be doing it to other people and erm, obviously not a particularly nice person to be doing it in the first place and you don't necessarily want to get on the wrong side of a particularly unpleasant person, so you might be worried about repercussions. Erm, obviously there's denial; you might feel that they may then be quite unpleasant to the elderly person who might be living alone. Erm, and... I suppose you know you may actually turn your patient against you, you might break down you know the barrier- you may break down your sort of rapport you've got with them.

I: Because it's important to have a good relationship to maintain in the case?

R:Yeah.

I: Ok, so hopefully as a result of this research, we're talking to health, social and finance professionals, the aim is to put together some useful information for people to help them identify cases of financial abuse and then sort of next steps and what to do; how do you think these could be made most useful to health professionals? Because you know we don't want to just give you another big fat policy document and you need it to be useful.

R: Yeah I mean almost like a campaign of awareness, you know a poster, you know a poster of a little old lady or whatever with a cheque book in her hand, you know erm... what else? A little old lady in a cue at the post office getting her giro money or whatever. Something visual, something that people look at it and think what's that about? And then it could be followed up with erm, either something on email or some little perhaps some leaflets.

I: So sort of a sound bite snippets to raise-

R: Yeah, yep.

I: Ok, and when you're saying to raise awareness is this for the general public?

R: Everybody, everybody, particularly the relatives, because it's the responsibility- to a degree it's the responsibility of the relatives to be monitoring any elderly person who lives alone who's you know, got no spouse.

I: Ok, so that they know what to look out for?

R: Yeah.

I: Ok well thank you for running through those questions with me, I don't know if there is anything else that you wanted to add at all?

R: I can't think of anything no.

I: Ok thanks very much.

END OF INTERVIEW

Appendix 4.7 Phase I pilot analysis

This appendix outlines the findings of pilot analysis of interviews with five banking professionals. Pilot analysis focused on identifying the cues of financial abuse and barriers to decision making. Validation of emerging themes required data coding by multiple researchers, therefore piloting was used to ensure a consistent process on subsequent analysis of the full data set. Details of the process of analysis for all the research questions (including those not part of piloting) are outlined in the Phase I methodology chapter. The next section provides an overview of the findings regarding cues that made banking staff suspicious of financial abuse.

What are the cues that raise suspicions of financial abuse?

Table 1 presents the cues and categories identified from analysis of interviews with banking professionals. Quotes to support cues and categories identify the interview ID code, and line numbers covered. Three themes emerged relating to cues that raise suspicions of financial abuse, including: 'inconsistent behaviour', 'reliance on others' and 'well recognised scams'.

Table 1: Analysis of the pilot banking interviews to address the research question: what are the cues that raise suspicions of financial abuse?

Cue	Category	Quotes
Inconsistent Behaviour	Increase in amount of money withdrawn	"...the customer who normally would come in and get a modest amount, let's for arguments' say that was one or two hundred pounds, she was coming and getting five plus thousand pounds…"(BL4. 67-69)
	Increase in frequency of withdrawals	"Some people will tell you they're having some work done. If it's a one off you're quite happy to believe them, it's if you pick up trend…" (BL3. 44-45)
	Unexpected low balance / overdrawn	"…she said 'oh, can I have an overdraft?, and I went the motions, getting a bit concerned by then, of asking whether, you know, asking the computer system whether she can have an overdraft, and it actually said yes but we declined it, because she said she was sending money for this place…" (BL3. 73-76)
	Unfamiliar person dealing with account	"…there's guidance on third parties coming in to cash cheques, you know if it's not on the system within that persons profile you know, you just don't do it…" (BL5. 216-218)
Reliance on Others (Practical dependency)	Limited access. E.g. poor mobility	"She's also become less mobile which has made her less able to get out to do any shopping for herself and indeed get to the bank to get any cash…" (BL1. 26-27)
	Care home resident	"...she's relying on the care home to cash cheques and she's recently contacted me to say that cash in her bank account is running low…" (BL1.28)
	Decreasing confidence	"…as time's gone on she's gradually lost her confidence and her willingness to deal with her own affairs and she feels more and more reliant on advice from third parties of which I believe I'm one of the main counterparts." (BL1. 24-26)
	Increasing confusion	"… if an elderly person comes in with a cheque that they want to cash and they're sort of standing there looking at you going 'oh I need to get this money but I've never done this sort of amount before' you're thinking, right you've never done this amount before so that's a problem…" (BL5. 93-96)

Appendix 4.7 (Continued) Phase I pilot analysis

Table 1: Continued

Cue	Category	Quotes
Well-recognised scams	Building work needed	"...it can be an old lady coming in with perhaps a builder in tow which we have seen a few years ago now where they're asking to draw out lots and lots of cash and so we're thinking, you know, are they being ripped off, do they actually know what they're paying for? Has the work been done? Why are they being brought to the bank?..." (BL2.16-18)
	Won a prize	"…I've seen quite a lot of people come in with letters to say 'I need to send a draft to so and so because they told me they've won money'…" (BL3. 147-149)
	International finance requests	"…people who get to a certain age are very vulnerable, they trust people and sometimes they can be persuaded to part with their money for lots of different reasons, whether it's a scam to get money to another country…" (BL3. 26-28)
	Satellite dish	"She came into the branch and she said to me 'oh I'm having satellite fitted' and I thought an elderly person of about, I mean she was in her seventies easy and the radar just flags up straight away, what does a seventy year old lady want with sky?" (BL5. 47-49)

Financial elder abuse cues

This section provides additional comment on each of the cues of financial elder abuse, starting with inconsistent behaviour.

Inconsistent behaviour

Inconsistent behaviour was used to describe everyday banking activity such as how money was used, or who was dealing with an account. Although banking professionals were able to give examples of what inconsistent behaviour might look like, they described suspicions of abuse as something intuitive.

> *"…it just didn't smell right, for want of a better description, it didn't fit the criteria…"* (BL4. 82-83)

> *"…it's about spotting something that's just not ringing true…"* (BL2. 181-182)

Limits of awareness concerning the process of decision making was a point which emerged in the decision making literature review (Holzworth, 2001). Judgement analysis methodology has been applied to capture how people use cue information without requiring their explicit awareness. E.g. Harries and Gilhooly (2003) used this approach to identify occupational therapy student's referral prioritisation policies.

When talking about specific instances of financial abuse, staff identified behaviour seen as inconsistent within different contexts. Firstly, they were attuned to general patterns that older customers might exhibit.

When talking about how they might deal with a case of suspected abuse by trying to ascertain more details from the customer, one interviewee said:

> *"…I don't have to know the customer you know she could be Miss Joe Bloggs off the street, just walk in come up to the till and I will just say the same to them"* (BL5. 104-106)

Secondly, staff were aware of the habits of specific customers known to them. One bank manager gave the example of how a cashier was suspicious when an older customer who was a regular branch user came in to make a large transaction.

> *"my…cashier…had alerted to me to a customer that, by default she tends to know the elderly customers better because they tend to like to come in and deal a person and she was concerned that this particular customer was drawing out a large amount a cash…"* (BL4. 42-45)

The seemingly intuitive way in which inconsistent behaviour is identified will be investigated in further detail in phase II of the research. The next section looks at older customers who are reliant on others to carry out banking tasks for them, and how this might raise banking professional's suspicions of financial abuse.

Reliance on others

Many of the examples of suspected financial abuse highlighted the physical and mental condition of the older person and how this meant they had to rely on help from others to carry out their everyday banking needs. In only one interview was this acknowledged as an explicit cue of suspected abuse, although it may be that perceptions of elder dependency underlie ideas about ageing and susceptibility to abuse, acting as an indirect cue. This is a point that can be considered in greater detail in analysis of the full data set. The next segment considers awareness of 'scams', and how these can act as a cue of financial abuse.

Well-recognised scams

There were various instances of banking staff identifying scenarios that might indicate an older person at risk of financial abuse via a targeted scam. Scams relating to building work (roofing, driveway tarmacing) seemed to be a particular cause of concern. These scams were viewed as common knowledge, but something that older people in particular might be targeted by:

> *"…you and I are aware of blokes banging your door saying 'hello love do you want your drive re-tarmac for five grand no thank you, we know that but someone else might go 'oh well actually oh yes come on in'…"*
> *(BL4. 96-98)*

Although banking staff were willing to accept building work as an explanation for why a large amount of cash was needed, more than one mention of building work seemed to raise the alarm. This also emerged as a cue in relation to an increase in frequency of withdrawals, at it might indicate an individual as susceptible to scams:

> *"Some people will tell you they're having some work done. If it's a one off you're quite happy to believe them, it's if you pick up trend…"* (BL3. 44-45)

Scams seemed to be something which public customer facing banking staff (high street bank cashiers/bank managers) had a high level of awareness of. This maybe a point to consider as part of the full data analysis when a comparison can be made between the relevance of cues for banking staff with different job roles. The next section moves onto analysis of factors that can make decision making problematic.

What are the features that make decisions difficult?

Table 2 identifies the four categories that emerged from analysis of the pilot banking interviews when considering what can make decision making difficult. These include: 'No single policy guidance', 'Lack of experience', 'Pressures of the job' and 'Modern banking process'.

Table 2: Quotes that emerged from analysis of the pilot banking interviews to address the research question: What are the features that make decisions difficult?

Category	Sub-category	Quotes
No single policy guidance	Lack of awareness of policies/laws	"… it's quite difficult to find the right person to talk to so I'm not sure whether my issues are more to do with the side of the organisation I live in or the lack of any policies that they might have in terms of dealing with elderly people …" (BL1. 76-78)
		"... I don't think there's anything particularly that deals with that particular issue specifically in that there's some very strict money laundering requirements and I guess elder abuse probably falls into, this is of a fraud stroke or it's a fraud type issue isn't it really?" (BL1. 118-121)
		"… that's really a banking code, it's not specific saying your cashier should immediately alert the branch manager, the branch manager should do this, it doesn't, it isn't spelt out, because you can't legislate for every variation on the theme…" (BL4. 115-117)
	Conflicting policies	"… there's a lot of overlapping legislation which is quite difficult to tie it all in to, in sort of in (hard) act money laundering regulations, there's very comprehensive bits in place to identify it and to try and apprehend people who are doing it…" (BL1. 153-155)
	Multiple policies/ Laws	"They originally thought .... the money laundering reporting officer might be the most appropriate person to visit but as it turns out they only deal with instances of crime where it's deemed there's been or there's highly likely to have been some money laundering or abuse that's taken place already" (BL1 57-61)
		"... I also had been put in contact with somebody worked in our fraud department, but again it's not ideal because they are tending to focus on how to identify the fraud and a lot of their suggestions were not that relevant in terms of areas we would come across" (BL1. 69-71)

Table 2: Continued

Category	Sub-category	Quotes
No single policy guidance	Multiple policies/ laws preventing communication between agencies	"…you've got to be really careful because you can't divulge information to another bank, you have all these data protection issues…" (BL2. 214-216)
		"...it was [one of our] customer so we could actually off the record look at the account. If it had been any other bank we would not have been able to access it…" (BL3. 116-118)
		"... I did speak to this organisation and they made it very clear, oh just because Joe Blogs knows Parker at the bank, you can't just say can you phone Mrs Jones up I'm worried about her, it doesn't work like that, so you can't directly get involved." (BL4. 147-151)
		"… we can't go and say oh Mrs. xyz has just come in and said you know, blah blah blah or you know, anybody, we can't, it's just not done, we can't do it, we can only deal with within like the parameters of the branch…" (BL5. 326-328)
	Policies not practical to apply	"... you have to inform the fraud office and wait for the fraud office to give you some sort of a sanction before you can put a transfer of the fund through and meanwhile it will take the fraud office 2 weeks to put a transfer, to come back and give you any, any sort of vetting, but you've got to rely, you've got to lie to the client over that time and explain why it's taken you 2 weeks to put a transfer through" (BL1. 172-176)
Lack of experience	Lack of training	"… for other people, then possibly yes, being sort of guided on how to deal with the elderly, you know I'm obviously an older cashier erm, some of the younger ones wouldn't have a clue [I was just thinking that-] it would get passed them…" (BL5. 249-251
	Not knowing if it is part of the role	"... at the end of day the bank can't do anything, I said to him this a matter for the police, you know if you know who's done it you going to have to go to the police which he did do, and they gave him a crime reference number, I don't really know, that's sort of the end of our part, all we could do..." (BL2. 70-73)
	Not wanting to make mistakes	"… if we pick something up we're suspicious of we've got to be very careful because, if I see a little old lady comes in and says I want five thousand pound out of my account, she might be giving it to her grandchildren…" (BL3. 364-366)
Pressures of the job	Time. E.g. length of queue	"… If I could have dealt with it myself I would have brought her into an interview room but there's no way I can leave the counter so [yeah] it's got to be passed on to obviously a senior…" (BL5. 131-133)
		"...by this time I've got a queue of customers, I've got no cashier with me because I'm the only cashier in the branch, and I'm like, something's not right, so what do you do? The only thing I can do is get the manager..." (BL5. 85-87)
	Meeting deadlines for sales targets	"… I think the more experienced the people would pick up the fraud before the sale whereas the younger ones might tend to be the other way round, 'oh I can see a deal coming through' sort of thing…" (BL3. 170-172)
Modern banking process	Automation. E.g. centralised information	"… in the old days all the cheques come in the branch and you look at them but it's all central now [yeah] so it's probably harder to pick up if it's a cheque transaction,…" (BL3. 60-62)

Features that can make decision making difficult

This section will provide further description of each of the categories relating to decision making barriers, starting with the impact of no single policy guidance.

No single policy guidance

None of the banking professionals identified a specific policy that dealt with financial elder abuse.

> *"… it isn't spelt out, because you can't legislate for every variation on the theme…"* (BL4. 116-117)

Banking staff had to work within the confines of a number of different policies and guidelines when addressing abuse of older customers. Guidelines relating to protecting confidentiality were mentioned, most commonly in the context of how this can restrict potential courses of action. The impact of policy as a barrier maybe partially related to job role. One cashier when talking about her experience of suspected financial abuse seemed to find dealing with such situations quite straightforward:

> *"I never have anything that's difficult, I mean basically no means no as far as I'm concerned and that's it they're not going to get passed me, they won't win!"* (BL5. 233-234)

In comparison, other levels of banking staff talked about financial abuse of older people in the context of a number of different policies such as fraud regulations and money laundering:

> *"…it would be covered in encashment procedures because we all have to think about, when we train as cashiers or even the frontline stuff as well because of customers are making payments we are trained and that's within our procedures so it doesn't specifically say, you know, is this elderly person being exploited?"* (BL2. 272-275)

The level of complexity different job roles associate with financial abuse is interesting as it draws comparisons with literature concerning the role of heuristics in decision making, and in particular, the fast & frugal 'recognition' heuristic (Gigerenzer & Todd, 1999). Decision making may present more challenges when the individual has greater knowledge about policies that could be of relevance, as it restricts the ability to decide based on minimal information. This is not to suggest that decision making for either job role is more accurate, but this suggests that knowledge has an impact of ease associated with decision making. Analysis of the full data set should provide additional evidence to support whether this is a consistently identified barrier, and whether it presents differently for different job roles.

An additional observation was that some banking staff seemed to want policies relating to financial elder abuse to address broader aspects of financial abuse rather than specifically focusing on older people.

Older people seemed to be considered in terms of characteristics that might make them vulnerable to abuse, rather than having needs that require a targeted abuse agenda:

> *"… I don't know how you draw the distinction between abusing elderly people and abusing people who might be unable to look after themselves…"* (BL1, 191-192)

Although it is beyond the scope of this research to make recommendations relating to financial abuse of groups other than older people, this is a point to consider in terms of the application of the research findings. I.e. within the banking sector, how would guidelines specifically relating to financial elder abuse be used?

Lack of experience

In some instances banking staff gave examples of how a lack of experience meant that people (other than themselves) could find dealing with financial abuse difficult. This was most commonly mentioned when talking about younger banking staff:

> *"The married mum's like … they're the more people who, rather than the youngsters who would just say 'cash cheque, dah dah dah, do you want a draft?' it's the experience angle comes out to pick out something.*
> (BL3. 169-172)

The impact of lack of experience may also be related to the next category to be considered, pressures of the job. Banking staff operate in a target driven environment, and in some interviews it was suggested that this might act as a particular pressure for less experienced staff.

> *" In fact it's just the same to pick up the options of a potential fraud then a safe, actually I think the more experienced the people would pick up the fraud before the sale whereas the younger ones might tend to be the other way round, 'oh I can see a deal coming through' sort of thing..."*
> (BL3. 169-172)

The next segment outlines some of the pressures of working within banking that might act as a barrier to addressing financial elder abuse.

Pressures of the job

For banking cashiers, the nature of dealing with customers face-to-face in a queuing system meant that it could be difficult to have the time and flexibility to follow up concerns about abuse. In many instances, banking staff had to refer their concerns to a line manager to carry out further investigations:

Pressures also related to the realities of providing a customer service role, and in particular that customers couldn't be denied access to their own money.

> *"…if you've got a lady who wants to … draw money out of her own account and insists beyond all reasonable doubt that she needs that money it becomes very difficult to say to that lady 'no, I can't do that', that is always the moral dilemma, we know it's sometimes wrong, … so sometimes the barrier becomes 'but it's my money why won't you let me have it?…"* (BL3. 32-36)

In some instances this restricted the actions banking personnel could take. They were limited to delaying transactions, and hoping that the person changed their mind. The next segment considers how the modern banking environment might make identifying financial elder abuse more difficult.

Modern banking process

There seemed to be a disparity between the habits of older customers and the nature of the banking environment. Banking staff identified that some older customers have fixed banking patterns:

> *"… you have your regulars … and they are funny because they come in here every week with their £100 cash cheque, you know it's for their shopping and they don't deviate from it and they moan about being in a queue but they always come in on a Monday lunch time, which is our busiest time…"* (BL2, 355-358)

Older customers are encouraged to use alterative banking methods (such as the cash machine), but banking professionals' acknowledged that the range of ways in which people can bank, and a lack of face-to-face contact can make identifying abuse difficult:

> *"… I'm also realistic enough to know that it often happens and we would never know."* (BL3. 42-43)

Staff rotation can also make preventing abuse problematic. In one incident of suspected abuse cash was initially refused because a scam was suspected, but then when another cashier was approached, the money was released:

> *"…she did come in again and saw a different cashier, she had the money so they gave her the cash…"* (BL3. 82-83)

The next section provides some additional observations from pilot level analysis of the experiences of banking staff dealing with cases of financial elder abuse.

Banking staff and decision making

Pilot analysis was primarily focused on identifying cues of abuse and potential barriers to decision making, but some general points emerged about the experience of banking staff making decisions. When talking about circumstances of suspected financial elder abuse, the challenge of decision making in the context of financial abuse was highlighted:

> *"…you're relying on your judgement and your common sense and what you should be doing given the situation because as we've said, each one of them seems to be just as slightly different."* (BL2, 241-243)

Some banking staff also seemed to feel a sense of responsibility for their customers:

> *"…from my point of view we do end up feeling like social workers, you do really have to do a bit of counselling, try and help them, and point them in the right direction, police citizens advice bureau. I said to them have you got any friends or family?"* (BL2. 91-94)

The feeling of responsibility was also talked about in relation to the difficulties of ensuring confidentiality. In one interview, the banking personnel said that outside of the bank they would call the police if they encountered abuse, but whilst at work they could not take the same actions:

> *"It's confidentiality, it is, it is, I mean because you want to help them , you want to stop this and you want to catch these scum bags that are doing it, you know but if, you can't"* (BL5. 355-356)

The interviews also gave some insight into the context of financial elder abuse as viewed by banking staff. Banking staff seemed to see financial abuse as a phenomenon affecting richer customers:

> *"…I think you're always wary of a customer who'd got considerable funds, that sometimes bring out the worst in family members…"* (BL4. 161-162)

Consideration of elder abuse as an issue affecting the wealthy has implications for the types of case of financial abuse banking staff are able to identify. Assessment of severity in terms of the amount of money involved in the abuse was also highlighted. When discussing a case of suspected abuse, one person said:

> *"…it was only a small amount of money, under five hundred pounds…"* (BL5, 39-40)

This suggests that banks may operate at a certain threshold in terms of the amount of money that triggers suspicions of financial abuse. Abuse of amounts such as £20 may therefore be beyond the scope of the banking sector to identify.
The next section provides conclusions on the findings from pilot analysis, considering points to be taken forward for analysis of the full data set.

Summary

Pilot analysis identified a number of points to be considered in more detail as part of analysis of the full data set. The three cues of financial elder abuse included 'inconsistent behaviour', 'reliance on others' and 'well recognised scams'. Observations surrounding these cues also showed parallels with decision theory in terms of the subconscious nature of some types of decisions.

For example, when banking staff identified examples of inconsistent behaviour as cues of financial elder abuse they talked about this awareness as something fluid and instantaneous. In phase II, the application of judgement analysis should allow a focus on the more subconscious aspects of decision making, by identifying how people respond to different cue combinations in scenarios of financial abuse.

Four key categories were identified in relation to what can make decision making difficult, including: 'No single policy guidance', 'Lack of experience', 'Pressures of the job' and 'Modern banking process'. These also showed some similarities with ideas of decision theory, in relation to the role of heuristics in decision making. Greater knowledge of the variety of policies and procedures that might cover financial abuse seemed to act as a barrier to decision making.

Pilot analysis also suggested that certain themes may have a different degree of impact depending on the job role of the individual. Degree of experience as a barrier to identifying abuse maybe more of an issue for staff in more junior positions as they are likely to be those at a younger age. All of these points will be examined in more detail as part of the full analysis of phase I interviews and in relation to their impact on case scenario production for phase II.

Appendix 4.8 Phase I content analysis process

Description of the analysis process uses the research question 'What are the cues that raise suspicions of financial elder abuse?' to illustrate the steps taken. After reading each interview a number of times, factors that lead to the professional suspecting financial abuse in each critical incident were highlighted, and coded to represent different categories. Related categories were then grouped together into broader cues of financial abuse. For instance, the emerging category areas of 'service user living conditions' and 'availability of money' were joined under the cue 'Older person'. In instances where professionals talked in a greater degree of detail about specific topics, there was an additional grouping of sub-category below category to represent this. For instance, the category 'availability of money' was divided into 'purse is empty', 'no ready cash', and 'older person gives money away'. Initial analysis by PhD student MD identified seven cues of financial elder abuse. These were 'external alert', 'financial management', 'older person', 'rogue traders', 'someone new in older person's life', 'behaviour of older persons family' and 'time'. The breakdown of these seven cues into categories and sub-categories can be seen in Table 4.8.1 below:

Table 4.8.1: Cues and categories emerging from initial analysis

Cue	Category	Sub-category
External alert	Older person / Family members / Friend / Neighbour / Carers / Occupational Therapist / Police	
Financial management	Cheques written out to someone recognised as a social worker	
	Unpaid care home fees / Suddenly unable to pay bills. Identifying an overcharge in care fees / Bogus invoices	
	Missing bank statements. Unexpected letter from the bank. Service user overdrawn	
	Stealing witnessed	
	Large cash withdrawals from bank account	
	Failed attempt at equity release	
	Power of attorney (poa)	Unexpected arrangements for who is poa
	Money missing from the sale of a flat	
	Money not available for service user to take part in day centre activities	

Appendix 4.8 (Continued) Phase I content analysis process

Table 4.8.1: Cues and categories emerging from initial analysis

Cue	Category	Sub-category
Older person	Service user behaviour or demeanour. Service user remarks	Consistently saying they have no money
	Living conditions	Noticeable change in living conditions or substandard
	Co-occurring types of abuse	
	Not able to deal with money. Availability of money	Purse is empty. No ready cash. Gives money away
Rogue traders	Visits by builders outside of working arrangements	
	No written contact information for the builders	
Someone new in the service users life	Older person mentioning a previously unheard of adopted daughter	
	Someone getting in contact after a number of years have passed	
Behaviour of service user's family	The way they refer to the older person	
	Inconsistency between what different family members are saying	
	Bankrupt family members	
	Trying to take action without social services awareness	
	Unrealistic explanations for lack of money to pay bills	
	Unhappy about social services involvement in the case	
	Perceptions of families intentions	
Time	Evidence of a pattern rather than a one-off event	

The next section outlines how findings developed during group cross-validation.

Cross validation of content analysis findings

Following analysis of the complete set of interview transcripts (n=23) researchers MD, DC and EN met with grant holder PH to discuss the findings. At this point MD had analysed the full interview set and DC and EN had analysed five interviews each, meaning that 10 of the 23 social care participant interviews had been analysed by two people. This was to ensure that the analysis process identified all the cues and categories within the interview transcripts, and that a consistent coding process was being applied. This preliminary stage of group level cross validation developed the following cues and categories to describe the identification of financial elder abuse, as shown in Table 4.8.2 below.

Table 4.8.2 - Preliminary group level analysis

Cue	Category
External alert of concern	Health professionals
	Care home staff
	Police
	Friends
	Older person
	Family
Direct alert	Rogue traders
	Unexpected / change in living conditions
	Service user distress / concern
	Financial anomaly
Older person	Reliance on others
	Level of capacity
Lack of available money	Older person surprised/confused at lack of money
	Identified by others. E.g. relief worker

The cues and categories that had emerged from full analysis were then considered alongside the findings from cross-validation analysis. Where interview quotes are used to illustrate the process of validation of the content analysis findings, the reference at the end of each quote indicates which interview it was taken from, and the transcript line numbers covered. At this point of the analysis, some of the initial cues were excluded, such as the cue ‘time’. Certain social care professionals talked about how if a situation continued over an extended time period this made them suspect abuse, as they could identify a pattern rather than what was potentially a one-off occurrence. The following quote from a domiciliary care manager, identifies that concerns over an extended length of time may motivate looking at a situation in more detail:

> *"If this continues over a period of weeks that is when we start really start to delve a little bit deeper."* (DS2. 88-89)

After group discussion it was decided that awareness of the length of time that the situation had been occurring represented a longer term-strategy to identify financial abuse. Time passing might strengthen suspicions but would not be an initial indicator.

The results were discussed, and regrouped and labelled where appropriate.
Group cross validation also meant that some previously independent cues were either removed, or joined with other cues. This included the category 'service user distress/concern' from the preliminary group level analysis, which was initially identified based on quotes such as that shown below, from a safeguarding adults manager:

> *"...if you're working with somebody on an ongoing basis and they're being abused, normally they display certain characteristics. So you know, they might be particularly worried when the person's around, they might be angered…"* (MS1. 340-342)

Service user distress/concern could be an outcome of financial abuse as well as a potential cue and so was removed to focus more on the identification of initial markers of financial abuse. The preliminary group level analysis findings were refined to form the cues and categories outlined in Table 4.8.3.

Table 4.8.3 – Stage two of group validation

Cue	**Category**
Being given a direct alert	Professionals
	Friends
	Older people
	Family
Financial problems suspected	Rogue traders
	Stealing observed
	Reliance on others for financial management
	Behaviour of service users family
	Financial anomalies in accounts / bills
Older person	Service user distress / concern
	Vulnerability
	Unexpected change in living conditions

The behaviour of service users family was a recategorisation identified in this stage of analysis, which was removed from the final cue-categories. The following quote from a domiciliary care manager, talked about perceptions of older peoples' families:

> *"… generally when you go and meet these people you often can tell instinctively whether the family are genuinely interested and want to help … or you know they're cold, a very succinct cold."* (DS2. 140-142)

The decision was taken to remove this category of financial problem suspected, as it was considered to be a factor that might influence social care professionals after initial investigations of the case had commenced, rather than as something that makes them initially suspicious. It was also decided that the cue 'Older person' should be relabelled as 'Mental capacity', as this was seen to better represent the aspects of vulnerability identified in the categorisations of this cue. The cue of 'Being given a direct alert', was relabelled as 'Identifier', to distinguish between cases the professional had identified themselves, and those identified by a third part. The final cue and category coding is outlined in Table 4.8.4 below.

Table 4.8.4 – Final cues-category coding structure

Cue	Category
Identifier of abuse	Directly observed
	Reported (Older person, family, friends, professionals
Financial problems suspected	Stealing from the home or person
	Anomalies between finances and living conditions
	Unknown befrienders or rogue traders
	Financial anomalies in accounts or bills
	Misuse of Power of attorney authority
	Wills changed or gifts given under duress or deception
Mental capacity	Fully mentally aware
	Slightly confused
	Extremely confused and forgetful

Appendix 5.1 Phase I critical incidents of financial elder abuse described by social care professionals

	Participant			Victim								
ID	Job role	Gender	Age	Gender	Age	Other info	Suspected abuser	Critical incident summary	Reported by?	To whom	Course of action	Outcome
1	Safeguarding adults manager	F	37	F	-	Lives with son with mental health problems.	Son	A son stealing money from his mother and restricting her to the house (financial and psychological abuse).	Police	Social services	Visited the client and took a statement	Case is still a police investigation; therefore for the time being the woman will remain monitored by social services. Son was moved into a hostel.
2	Safeguarding adults manager	F	37	F	92	Lives at home with support from carers. Minimal mental capacity.	Social worker	Being overcharged for agency care and cheques being written out to an agency social worker.	Niece	Social services	Social workers name on the cheque was identified. Police were called. Meeting of relevant parties. Council reimbursed money overcharged for care services.	Social worker has left the country. Case pending for her arrest if she returns.
4	Supporting people manager	F	53	M	73	Lives in mental health supported accom.	Care and support worker	Concerns regarding money management procedures	Housing support provider	Social services	Strategy meeting between housing related support provider and Trust staff.	-
5	Team manager	F	54	F	Early 70's	Lives in own home. Limited family. Issues with alcohol. Questions over capacity.	Rouge traders	Rogue traders overcharging for unnecessary building work. They befriended the client, encouraging her to drink heavily and procuring assets.	Cousin	Social services	Police contacted. Social services contacted the bank and the Office of Fair Trading. Debt negotiation to address unpaid care bills.	-
5	Team manager	F	54	F	90+	Lived in residential care. Limited mental capacity.	Grandson	Care home fees not being paid and personal allowance not being released.	Care home	Social services	Hold a strategy meeting. Talk to the home, and contact the Public Guardianship Office to see if POA is registered. Agree plan with grandson to repay money.	Case with the Court of Protection to address concern over Grandson as POA. Ensure clients continued safety and position in the care home.
6	Social worker	F	27	F	50's	In residential care. Learning disability.	Mother	Service user's mother restricting access to residential allowance.	Care worker	Raised as an issue at client's yearly review	Recommendations put in place to ensure client can access her money. Explain to family member why her actions aren't right.	Situation being monitored. Care workers told to contact social services if it continues.

Appendix 5.1 Phase I critical incidents of financial elder abuse described by social care professionals

	Participant			Victim								
ID	Job role	Gender	Age	Gender	Age	Other info	Suspected abuser	Critical incident summary	Reported by?	To whom	Course of action	Outcome
7	Social worker	M	40	M	55+	Learning disability. Lives with family.	Uncle	Client's benefits being paid into uncle's account. Client never has money for day centre activities.	Day centre staff and participant	Social worker	Speak to Uncle and niece and tell them that the client needs to have access to his own bank account.	Client is now starting to have some access to money and is wearing new clothes. Case being monitored.
8	Social worker	F	62	F	70's	Lived in sheltered housing.	Another sheltered housing resident	Woman buying multiple electrical goods and alcohol for another sheltered housing resident costing £100's.	Client's friend	Sheltered housing manager > Social services	Case conference held. Police and bank invited but didn't attend. Offered to move the client but she declined.	Client's friend now looks after her money. Perpetrator moved to a different housing block. Case review by social services.
9	Social worker	F	62	M	90's	Lives alone in his own home.	Rouge builders	Man paying for building work that didn't need doing.	Police & neighbour	Social services	Went to the bank to discuss protecting clients money. Visited client to discuss how to keep himself safe.	Man went to prison for extorting money. Weekly money withdrawal limit agreed between client and the bank. Case on long-term review.
10	Assistant team manager	F	58	F	84	Non-English speaking. Living with family.	Son & Daughter	Mother not receiving personal allowance entitlement and money from sale of flat missing.	Another sibling	Social services	Police contacted. Information gathering. Talk to son, daughter and other siblings.	Mother remains living with daughter. Strategy meeting to be held, and then contact the DWP prior to Case Conference.
11	Assistant team manager	F	58	F	Late 80's	Living in own home with carer support. Dementia.	Family friend	£250 per day being withdrawn from lady's account for ten days in a row.	Carer	Social services	Officer sent to review finances. Uncovered failed attempt at equity release. Police contacted. Man brought in for questioning. Case went to court.	Case went to the Crown Court. Man found guilty and sentenced to 3.5 years in prison.
12	Team support officer	F	30	M	61	Client lived alone. Visited by carers.	Stranger	Cheque for £4000 written from service users account.	Participant	Social services	Bankcards blocked. Police contacted. Safeguarding team and bank informed.	Police conducting on-going investigations to trace cheque recipient.

Appendix 5.1 Phase I critical incidents of financial elder abuse described by social care professionals

	Participant			Victim								
ID	Job role	Gender	Age	Gender	Age	Other info	Suspected abuser	Critical incident summary	Reported by?	To whom	Course of action	Outcome
13	Assistant care manager	F	45	M	Early 70's	Issues surrounding drug & alcohol abuse.	Friend	Money missing from coat pocket.	Service user + another friend	Assistant care manager (participant)	Spoke to service user and friend	Service user didn't want to take action. Friend backed away from contact. Service user remains an open case being reviewed by social services at set intervals.
14	Social worker	F	40	F	84	Confusion/ dementia. Living at home with formal support.	Neighbour	Neighbour attempting to gain power of attorney.	Care worker	Care agency	Talk to neighbour. Questioned capacity statement with solicitor. Reducing contact with neighbour.	Council have applied to take over the service users finances.
15	Social worker	F	40	F	80's	Dementia. Son = main carer.	Son	Home care bills not being paid. Day centre lunch money not being paid.	Social services invoicing	Internally	Working with the family to agree plan to pay care home fees.	Home carers now being paid. Social services application to apply for deputyship stopped.
16	Dom. care manager	F	56	F	-	Lived alone. Dementia. Poor short term memory.	Son-In-law	Son-in-law not buying sufficient food. No cash for day-to-day living expenses. Evidence of physical abuse.	Dom. carer	Domiciliary care manager > Social services	Investigated. Detailed recording of son-in-laws actions. Adult protection case raised.	Social services are now in charge of client's finances. Man cut-off from financial responsibility.
17	Dom. care manager	F	56	F	-	Poor mobility, but full capacity.	Grandson	Grandson witnessed taking additional money from the cash-point when drawing out money for her grandmother's shopping.	Dom. carer	Dom. care manager	Care manager spoke to service user.	Service user didn't want to take the matter any further.
18	Assistant manager	F	54	F	-	Brain tumour. 24-hour care needed. Being cared for by partner.	Partner	Misuse of direct payments. Carer (partner) not fulfilling care needs. Woman not well looked after in terms of personal appearance and an unsafe living environment.	Participant	Investigation of financial situation.	Adult protection team alerted.	Recommendation that number of carers be increased to two. Carer advised of the need for an alternative POA, or change to caring arrangements.

Appendix 5.1 Phase I critical incidents of financial elder abuse described by social care professionals

	Participant			Victim								
ID	Job role	Gender	Age	Gender	Age	Other info	Suspected abuser	Critical incident summary	Reported by?	To whom	Course of action	Outcome
19	Assistant manager	F	54	F	-	Early stages of dementia. Husband was dead.	Daughters	Daughters' spending money meant for their mothers care.	Social worker	Investigation of financial situation	Adult protection team alerted.	Case dropped as service user said she had given her daughters the money.
20	Day centre manager	F	46	M	-	Wife with cancer. Isolated. Lived in own flat .	Old family acquaintance calling herself 'adopted daughter'	Man changed will to make 'adopted daughter' main beneficiary. He moved in with her and she changed him excessive rent and coerced him to pay for other things as well.	Day centre staff.	Internally to participant	Social services contacted. Initially man didn't want anything done.	Man moved into respite care, brother began to help out with financial management.
21	Team manager	F	42	F	-	Questions regarding capacity. Lived in own home.	Sister	Sister got woman to make her EPA and transferred all the money from her bank accounts and got the flat signed into her name.	Service user	Social services	Social services applied for appointeeship. Flat signed back into woman's name, but money couldn't be recouped.	Social services made deputy. Service user remains in her own home, and the remainder of her money is protected.
22	Team manager	F	42	F	-	Heavy drinker. Cognitive impairment & weight loss. Poor living conditions.	Friends	Client's friends who were also heavy drinkers would visit her and she would give them her money.	-	-	Talk to the service user about her condition, and make arrangements so that she has more support.	Social services have taken over the woman's finances to ensure bills are paid (appointeeship). Carer brought in to do shopping for her. Money arranged to be dropped off weekly. Friends have stopped visiting now that money isn't readily available.
23	Adult protection co-ordinator	F	34	M	-	Physically unwell. Full capacity.	Carer	Man won some money on a horseracing bet and gave his carer £750.	OT	Social services	Participant went to visit man with care manager.	Carer returned money, and lost her job for not reporting incident and not following procedure regarding gifts.
24	Adult protection co-ordinator	F	34	F	-	Care home resident. Owned own home. Some capacity.	Sons	Mother signed over house to son, and carers were concerned as to whether she had the capacity to do this.	Care home staff	Social Services	Assess client's mental capacity. Try to speak to sons.	Service user died, so situation not resolved.

Appendix 5.1 Phase I critical incidents of financial elder abuse described by social care professionals

	Participant			Victim								
ID	Job role	Gender	Age	Gender	Age	Other info	Suspected abuser	Critical incident summary	Reported by?	To whom	Course of action	Outcome
25	Senior support worker	M	34	F	-	Lacked capacity. Physically very dependent on others.	Son	Son got mother to sign her house over to him and then sold it.	-	-	-	Service user died, son moved away and didn't get access to the money.
26	Senior support worker	M	34	?	-	Older person with learning disabilities.	-	Money going missing from service user.	-	Internally > Manger> Head office > Police	Thorough internal search and investigation prior to reporting to manager.	Investigation handed over to police who conducted interviews with the staff.
27	Care manager			M	-	Supported at home by carer. No family. Housebound with mobility difficulties.	Private carer	Private carer had taken over man's finances, and money was going missing.	Client	District Nurse, who then informed social services	Went to visit client with district nurse. When carer had given agreement, CROP involved, and the police	Case went to court, and carer went to prison
28	Safeguarding vulnerable adults coordinator			F	-	Some decision-making capacity. Care home resident.	Carer	Service user informed care home manager that carer had taken £10.	Service user	Manager, who then informed social services	Case referred to the police	Carer witnessed stealing
29	Safeguarding vulnerable adults coordinator			M	-	Care home resident. Dementia. Losing capacity.	Partner	Family accusing father's new partner (who had POA) of stealing money from him.	Family	Social services	Case details investigated. Multi-agency. E.g. PGO.	Everything found to be in order. Family advised to involve a solicitor if they wanted to take it further.
30	Care manager assistant	F	48	F	80's	Lived alone with support. Slight learning disability. Physically very frail.	Carer	Carer accused of stealing a purse from the service users drawer.	Neighbour	Phoned social services on woman's behalf	Social services visited woman and contacted police.	Not formally resolved as woman wouldn't take case to the police.
31	Care manager assistant	F	48	F	Early 70's	Lived with son (50's) who had a learning disability.	Other son	Woman accused other son of stealing money from her bank account whilst she was in hospital.	Son with LD	Informed his LD social worker who then informed participant	Adult protection alert opened. Police involved.	Woman didn't want to take action. Police served restraining order against son. Case still open to social services.

Appendix 5.1 Phase I critical incidents of financial elder abuse described by social care professionals

	Participant			Victim								
ID	Job role	Gender	Age	Gender	Age	Other info	Suspected abuser	Critical incident summary	Reported by?	To whom	Course of action	Outcome
32	Care manager assistant	F	48	F	Early 70's	Lived with son (50's) who had a learning disability.	14 year old girl	Money/credit card and house keys missing from woman's purse after visit to the property from a young girl .	Service user	Social services	Adult protection alert opened. Police involved.	Woman didn't want to talk to the police. Police could find no evidence of a crime. Woman now in residential care.
33	Care manager assistant	F	48	F	-	In respite care.	Cousin	Money missing from service user after visit from cousin.	-	-	Care home started own investigation, police informed and interviews conducted.	Money never found.
34	Risk assessor & Registered manager	F	66 & 54	F	80's	Dementia. Lives in her own home with support. No family.	Unknown	Money going missing from service user.	Carer	Manager	Client risk assessment conducted. Liaising with social services.	Safe put into clients house. New procedures put in place to collect client's money via cheque.
35	Risk assessor & Registered manager	F	66 & 54	M	-	Wife in residential care. Living in own home with formal assistance.	Taxi driver	Service user drew out a large amount of money from the bank for taxi driver to buy Christmas presents.	Carer	Manager	Reported to social services who took over the investigation.	Unknown as social services were investigating. It is suspected that man moved into residential care.
36	Risk assessor & Registered manager	F	66 & 54	F	-	Lived in own home with assistance. Very forgetful.	New carer	Carer on induction visited client and asked to borrow petrol money, which she didn't return.	Service user	Regular Carer > Manager	Social services and police informed.	Police visited carer who was made to pay the money back and apologise.
37	Care manager	F	62	F	Late 80's	Lived in semi-sheltered accom. Physically frail, but mentally alert.	Domiciliary care worker	Service user was signing blank cheques which regular care worker was writing to herself.	Relief care worker	Care agency > Social services	Social services visited client. Went to bank and then police informed.	Carer went to prison. Service user died before carer sent to prison.

Appendix 5.2 Quotations to support the selection of the cues of financial elder abuse for social care professionals

What are the cues or patterns that are perceived as raising suspicions of financial abuse?

Cue	Category	Quotes
Identifier	Directly observed	...whilst working at the day centre, I would ask 'can he have money to go, we're going on a trip here?', 'no we can't he hasn't got enough money, there's no money, his uncle didn't bring money in for him this week'. (MS7. 66-68)
		...this is the thing, I don't think we would have noticed that money going until probably a month later when the bank statement came. Because what I got or what he brought in, said from the bank 'you've tried to contact us regarding whatever' and I thought 'oh contact the bank? I don't think he would contact the bank' so then that's when we started checking into it and then we realised £4000 was gone. (MS9. 159-161)
		...when I went in with the direct payment officer to review the care package I realised that the person who was administered care is also the power of attorney for the service user so right away this is a conflict of interest… (DS4. 23-26)
		...on the second week he told me he got an adopted daughter. When I actually did the referral I noted he only had a brother and a sister, he didn't have any children of his own, so I then started talking to him about the adopted daughter, and he said 'yes could you put her down as being my next of kin?'. This brought alarm bells to me because there was no paperwork connected with this adopted daughter or anything. (DS13. 62-67)
	Reported	"...one of my clients mentioned that his friend had taken some money out of his coat pocket without his consent…" (MS10. 32-33)
		"She phoned up to do some telephone banking to find out that she had no money in her bank account and then found out that her sister had you know, her sister had managed to sign the property over..." (DS14. 64-66)
		"It was him who had actually said that he didn't know where his finances, or his money (were) and he raised that to the district nurse. The district nurse than raised that as an alert to social services." (LS16. 57-59)
		" a resident ...told the manager that a carer had taken ten pounds but they didn't want anything done about it." (LS17. 125-126)
		"When the client went to the drawer later the next day to draw some money to pay the hairdresser, she alleged that £180 … had gone missing." (LS18. 325-327)
		"...we got a call one day and this lady wanted to speak to one of my carers, one of my team leaders which I thought was strange." (LS20. 426-427)
		"With this recent case a client was missing money." (DS23. 25)
		"… the lady had some issues of capacity and had signed over some financial parts of her estate to her niece to manage and they spotted some irregularities and it actually turned out to be quite a significant regularity of sixty thousand pounds." (MS1. 201-204)
		"… it led that there were two thousand, three thousand, a thousand made out to people that she didn't recognise." (MS1. 229-230)
		"... this lady has very limited family in fact she has only got a cousin, she doesn't live locally,.... she rang us to say that there were two brothers who were purportedly builders who had done quite substantial works to our service users home and had charged what the cousin considered to be exorbitant amounts of money ranging from I think it was something like £400 to put up a 4 by 4 fence panel..." (MS5. 40-45)
		"A few months after that the cousin rang us back to say this lady had booked a cruise which she'd quite like to do and her cheque had bounced and she couldn't understand why and so she rang the bank, asked for a bank statement and they sent her one and in fact she was about £5000 overdrawn" (MS5. 73-76)
		"The first time we became aware of this lady was actually last Monday when we had an emergency duty report from the eldest daughter with whom she'd been staying with for a couple of weeks who had been looking after her. She was concerned because of things that were said by her mother and by her younger sister who hadn't seen mum for a while, and by her brother." (MS8. 52-55)

Appendix 5.2 (Continued) Quotations to support the selection of the cues of financial elder abuse for social care professionals

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse? (continued)

Cue	Category	Quotes
Identifier	Reported	"...the family was saying that the girlfriend, if you like, for want of a better term, had no right to this man's money." (LS17. 192-193)
		"...when my carer left he phoned up the office and said his wife's purse was missing and it was there when the carer went…" (LS20. 588-589)
		"If her friend hadn't been managing you know, overseeing her finances I think this, that it would probably still be going on, I don't think, because she brought it to the attention of the manager and then the manager got in touch with us." (MS11. 163-166)
		"...when he was in hospital he said 'oh I won some money on the horses and I gave my carer £750' so the hospital raised the alert…" (DS15. 31-32)
		"They contacted us because they had a lot of concerns that the direct debit that had been set up when she first went in suddenly got cancelled last year with no explanation." (MS5. 301-302)
		"...quite often she was in kind of a negative balance so the home rather than her missing out, the home were basically subbing her. They would say 'ok look we'll pay' as long as it's for hair for example, they were still paying for her to have her hair done and they were just putting it against her account and saying well that will have to be repaid at some point. She'd also run up, I think it was about £46,000 in unpaid fees." (MS5. 311-315)
		"It was just a yearly review to discuss her progress for the year, what's happened, what any changes are and finances are discussed at that time which is when the care worker in the home raised that issue with the group at the review at the time." (MS6. 56-58)
		"We had a phone call in the office from the carer to say that she had noticed an open bank statement on the table that the lady herself had opened, and she had noticed that there were cash withdrawals from the ATM machine of £250 going out every day for the past ten days." (MS8. 212-215)
		"...that lady actually told a carer that her neighbour who has been involved with her care tried to change her will and the carer informed the care agency. The care agency rang us and the duty officer at this time forwarded this alert basically immediately to the manager..." (MS12. 29-32)
		"...the carers were worried that she didn't actually have the capacity or it had been playing on her mind, I think she was saying 'oh I did that and I'm not sure whether I wanted to do that now'. So the home, she was a self funder, so the home contacted us..." (DS15.137-139)
		"...we got a phone call from a relief carer from the same agency, saying 'I think you need to come and see this person' because the relief carer saw one of the bank statements of the client, which was lying around and of course human curiosity she had a look at it and she was concerned to see that so much of her money was coming out of the account." (LS21. 103-107)
		"...one of the carers, one of the regular carers rung us up very concerned. Apparently he had ordered a taxi ...obviously I don't know the conversation because I wasn't there, but it was something to the effect that he needed money, couldn't buy Christmas presents..." (LS20. 371-375)
		"Our concerns were the carers are phoning in to do her shopping with their money and we knew there should have been money hidden, well we knew it was hidden but she didn't." (LS19. 120-121)
		"That carer walks in and says 'yeah ok I'll do the shopping but can somebody tells me where do I get the money, this client doesn't have any'." (LS20. 187-188)
		"They contacted us because they had a lot of concerns that the direct debit that had been set up when she first went in suddenly got cancelled last year with no explanation." (MS5. 301-302)

Appendix 5.2 (Continued) Quotations to support the selection of the cues of financial elder abuse for social care professionals

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse? (continued)

Cue	Category	Quotes
Identifier	Reported	"...quite often she was in kind of a negative balance so the home rather than her missing out, the home were basically subbing her. They would say 'ok look we'll pay' as long as it's for hair for example, they were still paying for her to have her hair done and they were just putting it against her account and saying well that will have to be repaid at some point. She'd also run up, I think it was about £46,000 in unpaid fees." (MS5. 311-315)
		"It was just a yearly review to discuss her progress for the year, what's happened, what any changes are and finances are discussed at that time which is when the care worker in the home raised that issue with the group at the review at the time." (MS6. 56-58)
		...the police informed us of the situation following a call in terms of domestic violence. (MS1. 31-32)
		"...it came to attention I think through erm, I think it was through the police, or it may have been a neighbour as well, I think it was simultaneous." (MS11. 293-294)
		"...it was with the new team leader coming in she says 'I don't think there's something quite right about this, I don't feel comfortable with what's happening because there's not an audit trail, there's no record of how money is managed'." (MS3. 82-84)
		"...it came to our attention by the manager that, who was there Monday to Friday 9 to 5, whereas before there had been somebody there on site 24 hours a day and all that sort of stuff, and it had brought to their attention that she was being financially abused." (MS11. 43-47)
		"...we were in the throes of financially assessing her to see what contribution she should make to her care package and that is when the social worker said that we need to know how much money and then realised from the balance that there were these big chunks that had been taken out, £600, £700, £1000-" (DS4. 201-204)
		"She called the service user to say 'so you have everything ready? We are going to arrange transport to collect' and she said 'I still didn't get the night dresses as yet but my daughter said she would bring it'." (DS4. 194-196)
		"...that report came from one of my colleagues in the LD team who was working with the son and he said something to her so she alerted me to what was the concern. And it was that this lady ... thought her (other) son had stolen the money from her while she was in hospital. (LS18. 163-166)
Financial problems suspected	Stealing from the home or person	"...what had happened in the end with that was that that particular individual was caught literally with their hand in somebody's handbag." (LS17. 143-145)
		"...my client said to me, ... 'I think that someone's stolen my purse' because her purse was missing." (LS18. 62-63)
		"When the client went to the drawer later the next day to draw some money to pay the hairdresser, she alleged that £180, there should have been £180 in there or there should have been £200 and £180 had gone missing." (LS18. 324-327)
		"The new (carer) ... told her her car had broken and she needed to get home and could she give her some money for petrol, to put it in her car. So the poor lady gave her some money ... the carer did not go back." (LS19&20. 438-443)
		"...his friend had taken some money out of his coat pocket without his consent…" (MS10. 32-33)
		"…[the carer] went to the till with the grandson who was supposed to get out £50, he got out £100; he gave the carer £50 and he went 'she'll never know'. The carer immediately reported it to me…" (DS2. 119-121)
		"...the money was clearly not there, and that's when - after searching all different avenues - that's when I began to suspect theft." (DS23. 26-27)

Appendix 5.2 (Continued) Quotations to support the selection of the cues of financial elder abuse for social care professionals

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse? (continued)

Cue	Category	Quotes
Financial problems suspected	Anomalies between finances and living conditions	"...you might see that actually they should have money but the fridge is empty, they haven't got their heating on and they're worried about money, things going missing around the home so furniture." (MS1. 342-344)
		"...whilst working at the day centre, I would ask 'can he have money to go, we're going on a trip here?', 'no we can't he hasn't got enough money, there's no money, his uncle didn't bring money in for him this week'." (MS7. 66-68)
		"I know that there would be letters going out asking for funds to be sent in because of certain activities that were happening at the centre." (MS7. 68-70)
		"...I'm getting complaints from the centre saying 'this man's never got any money, we always ask him but nothing ever comes in' you know trips are going on." (MS7. 196-198)
		"...there are strong indicators you know if you have a vulnerable person or if it's family then normally it's accompanied by some form of neglect. You know like with my with the son, like the lady, she wouldn't have new clothes erm, and things so money is not spent on the person although the money is there." (MS12. 374-377)
		"So if I have some kind of indicators for neglect plus then bills not paid, telephone cut off or family absolutely resistant to move somebody in a home because there is property and other things." (MS12. 377-379)
		"Then we looked at their monthly money that had been withdrawn from the account and it was a sizable amount but we can't see what it's used for. The person doesn't look tidy, the house doesn't look tidy, so I ask well what about the meals because the cupboards were quite bare..." (DS4. 71-74)
		"...there's a mismatch, you're getting all this money - the person doesn't look clean or cared for, you're given conflicting information about the shopping." (DS4. 66-67)
		"...so the alarm bells there with me was its abuse; why does she need all this money? It doesn't cost her that much, even to go into a nursing home you wouldn't be paying as much as he was paying, so yeah the alarm bells were ringing with me." (DS13.178-180)
		"...he didn't actually have any money on him either so he had no sort of pocket money, and even when he went back into hospital, he didn't even have pocket money for a paper." (LS16. 82-84)
		"Obviously if you are seeing the client regularly you think 'oh this person is not much good in the house' you know she's in a bad state, she hasn't got enough clothes and you think 'well how are you managing your money?'" (LS21. 378-380)
		"...we felt that she was being abused because she was giving money out to people and we were very honest with her about that and said that you know, 'you don't have any shopping, you're not eating'…" (DS14. 172-174)
		"...the client's mother …still managed the persons finances and she repelled quite a lot of her money so as a result the person did not have any money, a lot money herself to take part in social and leisure activities that they were going on or buy any personal items." (MS6. 31-34)
		"...our carers noted that everything she had in the home was the cheapest of the cheapest food, and it was minimal, you know, very little in the fridge, very very little in the cupboards." (DS2. 26-28)
		"...how it was brought to the front was that she had a cat and the carer said to me you know, because this lady's got short term memory; 'it doesn't look like there's any cat bowls about, I don't know, the cat's always crying'…" (DS2. 28-30)
	Unknown befriender or rogue traders	"...it did look obviously quite suspect, just the fact that were coming round in their own time and all of those things kind of alerted" (MS5. 67-69)
		"...she couldn't give us any contact details, and she didn't have anything in writing from them." (MS5. 64-66)

Appendix 5.2 (Continued) Quotations to support the selection of the cues of financial elder abuse for social care professionals

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse? (continued)

Cue	Category	Quotes
Financial problems suspected	Unknown befrienders or rogue traders	"...on the second week he told me he got an adopted daughter. When I actually did the referral I noted he only had a brother and a sister, he didn't have any children of his own, so I then started talking to him about the adopted daughter, and he said 'yes could you put her down as being my next of kin?'. This brought alarm bells to me because there was no paperwork connected with this adopted daughter or anything." (DS13. 62-67)
		"...this particular woman started speaking to (him) and knew that he hadn't got any children or any family and became very close and said if he wanted any help she would help him. When I questioned this with (him) in particular he hadn't seen her for 16 years..." (DS13. 74-77)
		"She did know him and she'd known him for a long long time, 20, perhaps even 30 years, but she hadn't seen him for 16 years and he was a friend of the father, her father." (DS13. 81-82)
		"I: Ok so what sort of work were the builders trying to ask him for? R: Guttering, new roof, well not new roofs but you know the flashing and this needs doing and that needs doing. I think the first time they got away with six or seven thousand pounds." (MS11. 316-319)
	Financial anomalies in accounts or bills	"...we spotted the name on the cheque and put 2 and 2 together and came up with 4 quite quickly." (MS1. 231-232)
		"...we have contract monitoring of the agent providers. So the issue about being over charged may have picked up through that…" (MS1. 359-360)
		"...when we asked her for a bank statement she was saying 'well I haven't had a bank statement for ages' and we were saying 'well you must have a bank statement quite regularly' We think they were intercepting them [really?] because they were, well we're pretty sure because she didn't have any, there was nothing there." (MS5. 132-135)
		"...he took out another mortgage, gave her nearly £100,000 and there doesn't seem to be any evidence of that money there." (MS8. 34-35)
		"We found invoices when we were going through her papers, we found bogus invoices that he was charging her for services that she'd never had…" (MS8. 261-262)
		"...this person had tried to, I don't know what you call them, erm you know, these insurance companies that buy property but the person can live in it for their lifetime? Like an equity release? [Equity plan, yeah] and there was a paper suggesting that he contacted one of these things." (MS8. 228-231)
		"...this is the thing, I don't think we would have noticed that money going until probably a month later when the bank statement came. Because what I got or what he brought in, said from the bank 'you've tried to contact us regarding whatever' and I thought 'oh contact the bank? I don't think he would contact the bank' so then that's when we started checking into it and then we realised £4000 was gone." (MS9. 159-161)
		"...all the invoicing runs through the council and then if people constantly don't pay their home care bills you then get suspicious why that is especially when obviously there is more than enough money coming in every month for mum." (MS12. 236-238)
		"Plus also the same happened at the day centre the lunch money wasn't paid and they had to actually threaten to not allow her to continue to come because of this hasn't been paid." (MS12. 239-240)
		"There's still quite a substantial period of time where it's not covered where I couldn't find any statements…" (MS12. 68-69)
		"Then the adopted daughter was charging him £800 a month to live there and he was buying food, he was still looking after the extra's, buying the children sweets and that, but at the same time he was telling me he's never got any money." (DS13.101-103)

Appendix 5.2 (Continued) Quotations to support the selection of the cues of financial elder abuse for social care professionals

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse? (continued)

Cue	Category	Quotes
Financial problems suspected	Financial anomalies in accounts or bills	"The reasons again why there was no money in mum's bank account was always the same for one and a half years the same reasons of 'oh we had to have repairs done on the roof' and but you know you can't use the same argument for one and a half years plus when there is substantial income every month erm." (MS12. 207-210)
		"...this gentleman didn't appear to have any evidence of his finances within his home. He didn't have bank statements." (LS16. 72-74)
		"...while she was in hospital for a couple of months some of her money, when she came out, there wasn't as much money in her bank account as she believed there should be." (LS18. 155-156)
		"...the relief carer had been out and done some shopping for the client and the client had given the money for the items she wanted and when she came back she said to her 'well I haven't paid you do you want some more money?' and she said 'no because you've paid me' and she said 'no, I'm sure you have spent more money' and she said 'no, I haven't actually' and she became a bit suspicious this relief carer and she said 'is that what the other carer does?' and she said 'yes', she said 'when she comes back I give her more money'..." (LS21. 107-112)
		"...it was only through the conversation with the carer when she said, because she was checking his bank statements and that for him because he wasn't paying, he was getting in a terrible muddle with all the bills. This is how we found out that he'd been to the bank and took a large sum of money..." (LS20. 380-383)
		"...somebody had to go and collect their money and pay all their bills and give him pocket money... What they didn't do in this particular case is they, the care and support worker did it on an adhoc basis without going through the correct procedure ..." (MS3. 28-31)
		"...it was one of the other residents was sending her shopping and he was giving her lists to buy things sort of out of Argos ... He was asking her to buy camera's, digital cameras, he was asking to buy DVD players, he was asking her to buy him all sorts of things which she was doing. He also was getting her to buy him alcohol, ... Now we're not talking about the odd bottle here, we're talking hundreds and possibly thousands of pounds." (MS11. 53-60)
		"...that left the son... living in this house, erm, and he somehow managed to sell it. I don't quite know how he got consent form either his mother or his brother other than putting a piece of paper under their nose…" (DS22. 22-24)
		"...our fees weren't being, we had her on as full cost because she had property, erm, and erm... he just wasn't paying, he was sort of err appointee and was supposed to be paying her invoices and the case was here he wasn't paying them." (DS22. 43-45)
		"...I discovered money was unaccounted for from their bank account as well, so that's when I began to think right there's foul play." (DS23. 28-29)
	Wills or gifting	"Then I received a phone call from our co-ordinator at the day centres to say that this (he) had changed his will and the girl that he met at the hospital, his adopted daughter, was going to be the main beneficiary of the will…" (DS13.88-90)
		"...he likes to treat his carer's he said he'd given this carer £750…" (DS15. 34-35)
		"…he'd come into the home and asked to sign something to transfer the house to him…" (DS15. 135-136)
	Power of attorney	"...the carer had informed us again that the neighbour had left a note on the table saying that social services want to establish whether the lady had capacity but she pursued to see a solicitor and whether then the carer could hold off social services so that the solicitor could see her before actually we would see the lady. Obviously that was a very strong indicator for us that there might be potentially some financial abuse was going on or that was about to happen." (MS12. 33-38)

Appendix 5.2 (Continued) Quotations to support the selection of the cues of financial elder abuse for social care professionals

1. What are the cues or patterns that are perceived as raising suspicions of financial abuse? (continued)

Cue	Category	Quotes
Financial problem suspected	Power of attorney	"...when I went in with the direct payment officer to review the care package I realised that the person who was administered care is also the power of attorney for the service user so right away this is a conflict of interest…" (DS4. 23-26)
		"...so we look at it and he was paying himself, there's a sheet that you complete about how much had been paid per week. Now when the packages of indirect payment, the power of attorney was going to be the service user's father and that was fine, but it's only on reviewing that never took place." (DS4. 67-70)
		"...her sister ... managed to get her to give her EPA so she got enduring power of attorney.... Then what the sister did behind her back was close her bank accounts and there was £20,000 in 3 bank accounts and she closed them." (DS14. 58-61)
		"...before his dementia set in ... he had given her power of attorney. And the challenges were now because this woman, he completely lost capacity, and she had gone abroad somewhere. The family were now beginning to challenge and were saying it was financial abuse because she was going off with his money." (LS17. 180-183)
Mental capacity	Fully mentally aware	"...very much had capacity, very much knew what was going on and there was no question of has capacity at all at the time." (MS10. 69-70)
		"She has got capacity, … she's got full control and she understands…" (MS1. 145)
		"...she admitted it, she said 'oh he's doing it all the time, he takes my card when I'm asleep and he goes and gets money'…" (DS2. 131-132)
		"He's of a sound mind so he knows what he was talking about…" (DS13. 123-124)
		"…mentally he had full mental capacity…" (DS15. 79)
	Slightly confused	"...he did have capacity when he gave her power of attorney and during power of attorney." (LS17. 202-203)
		"...mentally she was alert, she was alert and orientated." (LS21. 83-84)
		"...she was in her early 70s but had a history of alcohol misuse which at times meant that capacity could be a bit of an issue…" (MS5. 50-51)
		"...now mum had early stages of dementia and didn't seem to realise that sort of money was left for her." (DS4. 184-185)
		"...this lady was starting to lose capacity…" (DS14. 72)
		"…she had in such a certain extent but didn't have her full capacity really…" (DS15. 140-141)
		"...this is an older residential home, so people generally have capacity to make decisions…" (LS17. 124-125)
		"...this lady's got a very slight learning disability so she struggles with reading and writing and part of the problem with her with money, why she's so vulnerable, is because she calls them purple ones or brown ones." (LS18. 55-57)
		"...due to her heavy drinking there is a cognitive impairment…" (DS14. 168-169)
	Extremely confused and forgetful	"...the lady had some issues of capacity and had signed over some financial parts of her estate to her niece to manage…" (MS1. 201-202)
		"They tried to take her to a solicitor to get power of attorney but because of her mental, or lack of mental capacity, the solicitor wouldn't do it." (MS8. 224-225)
		"...it was found that this lady showed signs of confusion and dementia…" (MS12. 28-29)
		"...she had very short term memory and dementia, onset dementia, so she had to be protected because her mind, she didn't know what was going on." (DS2. 129-131)
		"...I would have said his mother lacked capacity ...she always talked about going home, her boys, but it wasn't consistent with ... what was going on in her current life." (DS22. 24-27)

Appendix 5.3 Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Category	Quote
Ensure safety of the older person	"First of all once we've got the alert, the first thing we have to do is make sure a person's safe...obviously if a crime's been committed and it's immediately apparent we would call 999." (MS1. 391-393)
	"I can't say at this point whether she'll have him back, whether the relationship, but then she'd be isolated and so therefore that's not something we're trying to advocate for her but we're trying to keep her safe. ... we'll be trying to support her and intending some relationship with her son but obviously maybe not having him at home would be easier to control situations." (MS1. 142-147)
	"In terms of financial abuse where the situations are, we still have a responsibility to try and minimise risk and so therefore we would do something you know, in a variety of ways depending on the circumstances and the person's needs." (MS1. 451-453)
	"...he then started saying 'I'm just going to take her out, it's too much aggravation, I'm just going to move her' and we said 'you can't do that because you haven't got any money to place her and in any case if there's really need for us to just pay the fees then you can apply to us to pay the fees to keep her safe', 'no I'm not doing that I'm just going to move her'. We instructed the home that she was not to be taken out of the home by anyone." (MS5. 378-383)
	"We would then prioritise it in terms of you know, is there an immediate safety issue? Do we have to kind of go round there now and advise closing down bank accounts and things?" (MS5. 511-513)
	"...our duty of care would be to ensure that that person is made as safe as possible…" (MS5. 572-573)
	"...he's too scared to go back into his home so they put him in temporary accommodation until they can put safety measures in place for him." (MS6. 175-177)
	"...there's some actions of what needs to be done to make sure that person's safe and what can be done to eliminate that risk. " (MS6. 256-257)
	"...at the end of the day I've got my client's welfare at hand and that's who I have to deal with first and foremost. I do have to make sure the carer is also well because obviously if he's not well then we're going to have to sort something else out for the client."(MS7. 114-116)
	"...it's my client, that's my point of call and I've got to make sure that he's happy and everything else around him is happy." (MS7. 125-126)
	"It's not about me watching him or keeping an eye it's a just fact that he knows that as I said I've got my client's best interests at heart so that's how it, and I'm doing my job at the end of the day." (MS7. 214-216)
	"So what do you think are the main decisions that you have to make as a social worker when you come across such cases? R: Really looking at more into the safety of that service user to ensure that they're not erm, put in a position where they're subjected to more financial abuse." (MS9. 273-277)
	"I just follow the steps that I know which is, you know, ensuring that no more money can be taken out and that client is safe and then passing it on. So to me I don't find it quite difficult at all." (MS9. 324-326)
	"...it was a whole thing about whether or not that person was safe because it wasn't just around financial abuse. The son had also been violent towards his own sister so there were concerns around that whole safety thing." (LS17. 101-103)
	"But it's not our business to get involved in that, our business as an authority is to make sure that the vulnerable adult hasn't been abused and is safe in that context." (LS17. 215-216)
	"...that's a process we've been safeguarding, the first step immediate safety, and the second step is, or immediate safety emergency services, the second step is scope and impact so thinking about whether that what you know actually could have an impact on other vulnerable adults." (LS17. 129-132)
	"Immediate safety for the individual, so you need to call fire, police, ambulance and preserving forensic evidence so if you think there's been a sexual assault encourage them to go but if you can't stop them that's fine, and scope and impact on other people. So has what happened to that person, is it likely that other people could be involved or it would have an impact on other vulnerable adults?" (LS17. 159-164)
	"Well the major decision was to protect this person you know, and protect her property and really her, to ensure her well being…" (LS21. 242-243)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Quote
Ensure safety of the older person	"Well obviously there's a clear policy you know that we have to ensure our clients' safety and well being so obviously because we do review the cases from time to time and keep an eye on them as much as we can which helps in a way in at least we knew when we went to see her that she wasn't being harmed in any way..." (LS21. 323-326)
	"...we'll first get an alert through, I'll look at it and obviously we have to look at immediate safety, do we have to do, if someone's at an immediate risk of harm, do we have to get them out now?" (DS15. 88-90)
Does older person have mental capacity?	"As I say, if there is reason to assume that actually they would have given their son, I don't know £20, out of their pension, that would have been their choice and just because they don't have capacity to do that it's really not fair for us to say 'well you really can't do that anymore' because it's something that they have always done. So it's actually finding, it's finding a common ground and it's finding what is right." (MS8. 486-490)
	"...we didn't want to take that away from him, to say 'oh we're going to sign your money over and give you appointeeship so you only get what you really ask for when you come in' in order for him to keep control of his account and still be able to manage his account." (MS9. 376-379)
	"I think the biggest decision for me was around how we proceeded with it and my link with him and his care needs, sort of physically, mentally, and socially. That was the biggest issue for me." (LS16. 141-143)
	"...you have to be sure that that person's got the capacity to make that particular decision." (LS17. 327-328)
	"We actually did a- asked for a psychiatric assessment as well for this person, and during the assessment in fact there's a report on the psychiatrist, he said basically she is alert, she hasn't got Dementia but she's obviously not managing her finance, you know how as we do for example, and she obviously, you can't say that somebody is abusing her because she has Dementia or anything but she just somewhat couldn't manage it you know?" (LS21. 153-158)
	"...you see the difference with the other lady with the son-in-law, she had very short term memory and dementia, on set dementia, so she had to be protected because her mind, she didn't know what was going on. This other lady you know, she said, she admitted it, she said 'oh he's doing it all the time, he takes my card when I'm asleep and he goes and gets money' and I said you know 'we can get this stopped' but she wouldn't." (DS2. 128-133)
	"So I said 'right ok but you have got to make some decisions yourself on how you want to go with this'" (DS13.120-121)
	"This lady in question at the time did have capacity but she was starting to become, to lose her capacity due to frailty and due to probably some dementia to be honest but at that time we felt did have capacity." (DS14. 62-64)
	"We at the time, because she did have capacity, appointed a solicitor in her behalf…" (DS14. 68-69)
	"During this period this lady was starting to lose capacity so we then had to make a call to say you know we managed to get the flat signed back into her name because we involved our legal services but we weren't able to recoup the money." (DS14. 72-74)
	"What we would do there is we would test whether they understand why they're giving that money out…" (DS14. 266-267)
	"Well, I mean, with regard to this particular lady, the Punjabi speaking lady, the one I'm looking at at the moment, you know. We could have taken the view, well ok we're going to remove her until we've investigated the whole thing, but that's actually a huge thing for somebody of her age, particularly for someone who doesn't speak English." (MS8. 442-445)
	"...when you're talking about decision making, it's all the stuff that's becoming more and more integrated into practice now around the mental capacity act. And about that person making the decisions for themselves." (LS17. 320-322)
	"...our starting point was having a discussion with the service user, to discuss what they want and how they would like us to support them. So that's the only option really in that situation." (MS1. 87-89)
	"...I needed to speak to him about it and at that point he didn't want it to be taken any further." (MS10. 53-54)
	"And in that particular case we talked to cross protection, public guardianship and referred the family to the solicitor and establishing whether or not he had capacity…" (LS17. 183-186)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Does older person have mental capacity?	Yes	"I think it's just looking at the options available, and you know if the person has capacity to make those decisions, then listening to what they've got to say." (MS3. 304-306)
		"...they thought, it was thought to be possibly financial abuse and erm, I visited the client, spoke to her and erm, went through what was happening and what had transpired and things like that. She was clear that monies that she had parted with for a family member was what she actually wanted to do and that other family members knew about it and that basically the person, because it was family member who had actually made the accusation and contacted us that there were family dynamics there..." (MS11. 407-413)
		"We may not agree that Mr. Smith should give half his pension to his son on a Friday but it's his decision and we have told him why we are concerned about it and he still wants to do it. So it's his decision to do it." (LS17. 322-324)
		"He's of a sound mind so he knows what he was talking about so it was easy doing it that way rather than at the house where he was more like a captive audience." (DS13.123-125)
		"And also I wanted to assess his mental capacity, and he was very physically unwell but mentally had full mental capacity." (DS15.78-79)
	No	"I arrived shortly after the solicitor turned up and we asked why he was here and he said 'well to give power of attorney and to ask the lady to sign power of attorney to the neighbour', but he said it was based on a statement from a GP from August saying that the lady had capacity but this was in October. We just said 'well we don't think she has and therefore we would like to cancel the meeting', which he then accepted." (MS12. 39-44)
		"...we kind of asked him and questioned whether he did not have any kind of idea or feeling that maybe the lady when he talked to her that her memory or capacity to really understand what it meant, that it might be impaired and he just 'oh no I'm not an expert and I have this basically this letter from the GP from August stating that she has capacity'." (MS12. 100-104)
		"I mean I personally would feel that, I personally felt that very quickly when I met the lady for the first time and just asked her a few basic questions it to me it became apparent that she wasn't really fully orientated…" (MS12. 108-110)
		"...we went out and spoke and I didn't feel she really had, she had in such a certain extent but didn't have her full capacity really." (DS15.139-141)
		"If they haven't got capacity to make a decision then obviously I'd find, we would have to find out who had appointeeship over them, if it's a family member, if it's the council that had the decision making responsibility…" (MS3. 310-312)
Prepare for action	Gather information	"I speak with my line manager, bring all the information that we have together to our line manager then we discuss it and then depending on the severity of the case we'll maybe have a safeguarding meeting and discuss the strategies from there, where we're going to progress from there." (MS7. 286-289)
		"...as I said it depends on the severity of the case. With the one that I've mentioned it wasn't necessarily a safeguarding issue, it was let's go talk to the carer first, let them know, if it continues then we'd then go forward." (MS7. 293-296)
		"you have to check out that the information you're being given is right [accurate?] and accurate…" (MS8. 411-412)
		"...it may be that it's a family feud and a lot of what I'm being told actually is not true. So until I have all the facts, but it's very difficult when you've five members of the family who are all fighting." (MS8. 121-123)
		"where she's living at the moment with the daughter ... is ideally set up for her, she's all on ground floor living, she has a beautiful large room that she's living in, there is a shower and toilet 15 steps from her bedroom door, it's part of the house, if you like, so the kitchen is also off. So the physical environment is ideal for her." (MS8. 129-132)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Prepare for action	Gather info	"The elder sister actually wanted me to remove her and give her back to her but as I explained I have to go out and assess." (MS8. 128-129)
		"...only when we've got all the information together will we actually have a proper case conference and we will make a decision as to what we do." (MS8. 110-111)
		"...he was very, even though he made the allegation he was very vague about how much was taken and when it was taken but still it was investigated…" (MS10. 45-47)
		"...it was investigated, well as much as we could do up to the point where he said that 'I don't want it to go any further, I just wanted you to know'" (MS10. 47-48)
		"...let's face it she's got a much better life because she does get taken out, she goes shopping, she goes to her friend's for Sunday lunch you know, once a month." (MS11. 174-176)
		"He thought that if he, and she kept on about it and basically pushing him to take the power of attorney and he said well power of attorney has nothing to do with making a decision of whether she stays at home or goes to a nursing home, 'oh it doesn't?' you know but I felt that he knew that, that he just pretended that.." (MS12. 144-147)
		"...it was decided that I think that was a Friday and then it was decided on a Monday that we would carry out a visit." (MS12. 32-33)
		"...the first thing actually that we did was we had a meeting with the neighbour to kind of get a bit of a background and also then get an explanation from him as to why he sought power of attorney for the lady." (MS12. 64-66)
		"...what I could see from the bank accounts was that there wasn't erm, that from one statement from two years ago to now there wasn't a massive decrease so for the time being it seems that probably the neighbour didn't take any money but still to gain power of attorney obviously would have given him access to everything." (MS12. 137-140)
		"...I think always depending on the outcome of the investigation because sometime it proves very quickly that yeah it was an allegation and that was all it was." (MS12. 337-339)
		"...looking back on what had happened in the past and, you know, there had obviously been something going on there with his finances and for me seeing this vulnerable man where there was an awful lot of money involved and how to take that forward really in the most sensitive way, that was the biggest thing for me." (LS16. 143-147)
		"...I think the big case that I had was a huge learning curve for me and a huge process of learning and reflection along the way whilst it was still kind of ongoing. And a huge learning curve around sort of working sensitively with somebody and getting to know that person..." (LS16. 272-275)
		"...an AP [Adult Protection] alert was raised on this occasion so we got all the documentation to support that…" (LS18. 197-198)
		"I was also concerned because when I looked on the phone bill to obviously see, erm, there was 700 mobile phone calls made from her home. So I don't think it was all the other son in Dover. I think the learning disability son had had some young friends in, I think the teenagers in the village, sort of tend, you know what they're like, they latch onto someone, 'oh we want to be your friend and that', gone in the house and I think they'd used her phone to make all these phone calls." (LS18. 177-182)
		"That is the priority I would think because they're so vulnerable and cause they're so frightened. We need to get out there very quickly while the evidence is still fresh [in their mind] in their minds…" (LS18. 268-270)
		"I said to her, you know, we need to speak to the cousin. She said she didn't want a fuss made, so I said, you know, it's a lot of money and there had been an incident of another finance money going missing at this same home, so you never know what it is." (LS18. 330-332)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Prepare for action	Gather information	"If they feel that you wouldn't pursue it and we don't, and they know, I'd probably have discussions, and you know, somebody at my level wouldn't make that decision anyway, it would be with a supervisor, we'd discuss it with them." (LS18. 385-387)
		"...we had to send (-) over there to do the investigation, where did this purse purse go? What could have happened? Checked with the carer, brought her in... (LS20. 590-592)
		"...when a carer gets accused Joan gets a list of all the clients that carer's done over a period of time and she has to go and do every single one to get some kind of history, has something happened before and then not said?" (LS20. 640-642)
		"So I said to her that erm, that 'the other carer has your statement could I have a look at it?' and she did say yes. I was quite shocked to see that out of her account there was- money was being drawn like £1500 at a time…" (LS21. 127-129)
		"You can't just say 'you took £10 off of her that's financial abuse', the lady may have offered it to her., it has to be, you have to know the difference between financial abuse, and I'm sure any of my care workers or any care workers that work for any other agency, would identify the difference between somebody saying 'oh there's £3 thank you very much', or 'well that was £30 to go and do that' and you know it's not..." (DS2. 80-84)
		"...I said to the carer 'go and get some cat food and I'll speak to the son-in-law'. The son-in-law said 'yes I do buy cat food, it's in sachets'." (DS2. 30-32)
		"...it was arranged that an appointment would be made at the day centre to go and see him away from the adopted daughter so that social services could get the complete facts." (DS13.121-123)
		"I went out to see him with his care manager…" (DS15. 33)
		"'if you can go out first and find out whether he wants to make a complaint and get some information' because we did have some sort of very sketchy details so I arranged a joint visit with the care manager." (DS15. 71-73)
		"So we spoke to the sons, trying to get hold of them was a nightmare, they just wouldn't; ignored all our calls for weeks, our phone calls." (DS15. 141-142)
		"...I asked him if he remembered being in hospital, whether he'd spoken to an OT and basically said what she said, he says 'oh yeah I remember'. He's very open about it and we needed to get his version of it; was it on a duress he gave the money? Was it against his will?" (DS15.75-78)
		"...he didn't want - so he got quite cross with her and he didn't want anything to happen to this carer, didn't even want us to speak to her." (DS15. 79-81)
		"...it's usually that our bill hasn't been paid you know and we would ask them you know. I mean you would go through the normal debt letters being sent out, follow it up and meeting with them just to ask why (---) their not paying the bill, have they got difficulties?" (DS22. 143-146)
		"...at first it was suspected missing because... you have to bare in mind that our clients sometimes misplace money, erm, or they gave it to someone but won't actually elaborate who. So there are ... a number of details you have to go into, in that sense before you actually suspect theft. (DS23. 21-25)
		"...you're going through a process of trying to work out first what's happened to the money before you actually take it higher." (DS23. 80-81)
		"...regarding anything, not just theft, you actually try and resolve it yourself first, if you feel it's out of your capabilities or there's nothing you can do about it then you must take it to the next level…" (DS23. 89-91)
		"...if something is wrong then you try and deal with but if you feel you can't actually deal with it by yourself you seek the help of your colleagues and your superiors." (DS23. 96-98)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Prepare for action	Gather information	"...the most important decision is ... to solve what's happened to the money and return the goods or the money to the clients who it's missing from because they're the victim in this so your number one aim is to get the goods back to the client." (DS23. 103-105)
		"...your kind of working again with your colleagues and seeking their support and trying to get to the bottom of the situation that you don't want to just immediately go to your supervisors." (DS23. 117-118)
		" We want to know all the details of the case first before you actually start saying there's been a mismanagement of money. You want to…you'll explore all different avenues before you'll actually say there's been a crime committed." (DS23. 119-121)
		"...we kind of took it to the next level which was having asked all the staff you're dealing with, with regards to it…" (DS23. 29-31)
	Report suspicions internally or to external bodies	"...we will inform the care manger straight away that we have a problem because I've got to think of my client to protect her from abuse." (LS20. 199-202)
		"I've also got to think of my carer being accused of it, so you're trying to get it together very quickly." (LS20. 201-202)
	Report suspicions internally or to external bodies	" I go normally to a care manager." (LS20. 407)
		"You're hands are tied with family because we can report it erm and then it gets given to somebody else and they start investigating." (LS20. 608-609)
		"We reported it straight away…" "...the care manger first then the police…" (LS20. 443-448)
		"So every bit of documented evidence and everything that was repeated to me I wrote down and immediately reported it to the care manager." (DS2. 47-49)
		"...all the time leading up to, to get this adult protection, you know every little piece of evidence had to put down, every single little thing." (DS2. 67-69)
		"...it was beginning to ring alarm bells with me so I flagged it up with social services, I'd said I didn't like the vibes that I was getting when he was coming to the day centres." (DS13. 86-88)
		"...so again I spoke to social services and they intercepted. They've been very good here they really have, and it was agreed that they would monitor the situation because they were doing exactly what they were supposed to do and they were going to speak to (him)..." (DS13. 105-108)
		"...well I run it past the police first because you're potentially looking at is it criminal? And the police, because we've got in Kent, with supporting the police, we've got police officers linked to us. I've got a local public protection unit with our link police officer John who do a lot of joint work..." (DS15. 68-71)
		"Then obviously we'd contact the police; is this criminal? So I always speak to them first." (DS15. 92-93)
		"We did refer the carer to POVA, I don't know if she's been put on the list…" (DS15. 47-48)
		"...obviously I had to inform the agency of this…" (DS15. 39-40)
		"Then we ask the company, I obviously did that bit with the client and then we ask the company to do their internal investigation, disciplinary with the carer which they did and they shared their findings." (DS15.97-99)
		"Obviously we raised it as a concern, it went all through our legal team but the legal team didn't feel we had a case." (DS22. 27-28)
		"...I assume because he did get signatures, it also- I mean raised it with the court of protection as well…"(DS22. 32-33)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Prepare for action	Report suspicions internally or to external bodies	"...then took it up with my manager my concerns that someone was mismanaging money." (DS23. 31)
		"The manager contacted head office who in turn contacted the police so it was then taken out of our hands really." (DS23. 36-37)
		"...it was because we couldn't actually solve what had happened to this money that I felt the need to again go to my manager who in turn felt that there was little that she could do so she felt she had to inform head office who in turn informed the police." (DS23. 81-84)
Internal procedure		"...remember this; carer's get suspended they can, with or without paying until we do the investigation." (LS20. 592-593)
		"...she was actually suspended until it was sorted out because I couldn't ignore it." (LS20. 639)
		"...the poor, the girl was actually suspended until it was sorted and that went on like you say for quite a long time and that to me is sometimes it's just so wrong." (LS20. 655-656)
		"They felt that they wished to dismiss her because she had breached the policy and it is very very clear policy and she didn't deny, you know, she admitted it …" (DS15. 99-100)
Is safeguarding required?		"...when the referral first comes in, once I've looked at it and we've, the decision really I'm making is, is this a safeguarding referral? Is it going down the safeguarding route?" (MS5. 530-531)
		"...discuss information with them and we would decide whether it needs to progress to a strategy meeting, safeguarding adults strategy meeting." (MS6. 235-236)
		"So it's about let's, going into that safeguarding, should we remove that carer? Bring in somebody else? And the police get called in as well." (MS7. 312-314)
		"I mean if I thought there was anything going on and I had an inkling there was something going on, it could be as I say just a little inkling something may have been said and if I'm not too sure I will discuss it in my supervision." (MS7. 394-396)
		"...I guess if he had of said "no I don't want this anymore" than I would have had to have sought further advice really, I feel that that's not a decision that I could make myself as to whether it does move on from there or it doesn't. Cause I do have a duty of care to him but also to other vulnerable people." (LS16. 206-209)
		"I also have a duty towards other people. This person was this man's carer in that she did his shopping and his lunch for him. But was she serving anybody else out there?" (LS16. 200-202)
		"I have a duty then to other people potentially. Do I let it go for her to continue supporting him but then potentially continuing to support other people and that is a dilemma." (LS16. 204-206)
		"...it's questionable whether or not we should have got involved but for the sake of actually knowing where to go to we did get involved because it's a family dispute really and he wasn't at risk, he was ok." (LS17. 193-196)
		"...the manager brought it to me or to social services because of the scope and impact, because obviously something needs to be done because other people are at risk." (LS17. 127-129)
		"Like I said, then we talked to the police, but if the client doesn't want to pursue, unless it was going to be, mean that other people were affected." (LS18. 270-271)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Is safeguarding required?		"If it was saying that a carer, sort of alleged for a carer that we know goes from one client and then to another, we could then say to her, I'm sorry but we have to make something of this [yes, because I'm worried about the other clients] because you might not to pursue it but we have a duty of care to the other clients..." (LS18. 271-275)
		"...it also gives you a track, you know, although we might not be able to prove anything this time, but if something else happens and you can team that carer back to that same person, you know, another incident, and two or three over two years that involving exactly that same person, it does make your evidence more because it's very hard to get the evidence otherwise." (LS18. 276-280)
		"...we had a referral form that we fill in to say that we have suspected some abuse and they would go in…" (DS4. 230-231)
		"...I monitored it, kept an eye on it because it was ringing alarm bells…" (DS13. 83)
		"So look at their immediate safety, are other vulnerable adults at risk? If it's a care home, if there's allegations of sexual assault or something how are we going to safeguard everybody?" (DS15. 90-92)
	Call strategy meeting	"... we would talk to service user, victim, get some information from them and then we collate information from all people that know that individual...we pull that together under what we call a strategy meeting, it's a professional meeting only ok, and the purpose of that meeting is to discuss whether a safeguarding process is ... appropriate..." (MS1. 394-398)
		"...the main thing is about making sure that all the interested parties do come to a strategy meeting as quickly as possible and you know, a decision is made if the abuse is so bad that they may have to be put somewhere else, if that's what the person wants." (MS3. 281-284)
		"Then I would take that back to my manager and she would then decide if I need to call a strategy meeting…" (MS10. 326-327)
		"I think then if there's some proof of yeah there is evidence I think then I would probably call in an official strategy meeting if you like with other professionals or carers…" (MS12. 333-334)
		"We went to POVA for the strategy meeting and they came up with the same sort of information that they give us when we couldn't match what was being said so." (DS4. 123-124)
		"What we have is we've 24 hours to deal with it so what we do in those 24 hours is we call a strategy meeting." (DS14. 111-112)
	No	"...it was kind of put to one side at that stage because we were satisfied that yes that it probably wasn't quite right but there wasn't really anything tangible that we could get hold of and capacity wasn't an issue with her." (MS5. 70-72)
		"...the example I spoke about the lady in the residential home. I wouldn't have felt that needed to go to a strategy meeting because it's something that was resolved and tackled at the time and we got an agreement at the end. If the mother had not agreed to maybe give the money then we would have, I would have felt that I would have had to take that further and discuss with the manager and we would have gone further down the safeguarding route. But because it was resolved at the time, and the mother was quite open to that then I didn't feel it needed to be taken further..." (MS6. 242-248)
		"...we're issued with a number that we get, sometimes that happens a bit too soon because sometimes things aren't actually a safeguarding issue." (MS11. 391-392)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Is safeguarding required?	No	"So we did check it out and everything was above board and he did have capacity when he gave her power of attorney and during power of attorney. And it was something if they felt the need to challenge, then the family would have to do that." (LS17. 201-204)
	Who should be involved in safeguarding?	"...the strategy meeting would then decide who's going to do what and when, whose going to be involved, who do we need to involve?" (MS5. 537-538)
		"...we don't have access to that kind of information and we don't have that authority. So if that's where we need to bring other people in to kind of take it any further really because otherwise we get into perhaps making judgements and you can't afford to do that." (MS5. 463-466)
		"...the current situation is that we wrote to the court of protection to say that we had concerns about the way he was carrying out his duties or not, and that he was placing her security at the home at risk therefore these are the actions we've taken." (MS5. 410-412)
		"We talked about whether there needed to be IMCA (Independent Mental Capacity Advocate) involvement because we were becoming entrenched in, he in his position and we in ours, and we were kind of losing sight of her." (MS5. 435-437)
		"...you don't want everybody to know either because you know, because sometimes it makes the client more vulnerable, emotionally more vulnerable if everybody knows what's happened to them I think. You know I think you also have the client's feelings and emotions have to be taken into account." (MS10. 163-167)
		"...with the client's permission, once we'd got out evidence, we then passed that to the police, and the police involved at that point…" (LS16. 87-88)
		"And what happened then was a conversation took place with the police, so if it's something illegal, potentially illegal, you always refer to the police in the first instant." (LS17. 139-140)
		"If there is something in any situation that you come across where you think that something illegal may have occurred, that's when you contact the police." (LS17. 170-172)
		"I contacted the police and they said that as it was a minor, small crimes, it would have to be dealt with at the police station." (LS18. 64-65)
		"The police were involved and they went and visited the other son from Dover, investigated it. And they liaised with the bank to try and see how the money had gone missing but it was very hard to track where it had actually gone and what have you." (LS18. 184-187)
		"...with financial I would say we do now because it is a crime, you know, it's police because, and we've got this SIU now, Special Investigation Unit, so we talk it over with them and often we'll be guided by them…" (LS18. 286-288)
		"...it's become really, really hot now, the consultations between us and them. And they'll do join visits with us, erm, you know, because it is a crime and therefore they will be involved, though sometimes they'll go ahead and do the investigation themselves and then they feed back the information to us." (LS18. 292-295)
		"You start an alert up, liaise with the police about it and get information and guidance from them." (LS18. 384-385)
	Monitor	"...we would fit a timescale at the case conference for a review so we might review the situation. If an investigation is going on with the police they could take 18 months, we might review it 3 monthly, 6 monthly, yearly depending on the circumstances." (MS1. 434-437)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Is safeguarding required?	Monitor	"...I kind of put recommendations in after the review and I said to the care workers if there's still any problems then give us, either myself or the team, a call and we can take it forward." (MS6. 70-72)
		"Obviously if this was to continue then we would have to look to see who would be his appointee and if it means that we would have to then take back, get all the benefits changed, get an account opened for him or Merton take over the appointeeship for this particular client." (MS7. 92-95)
		"What the other daughter wanted was for me to give her back to her but because I don't know what the other daughter's situation is either. So the decision was taken that because everything in the physical environment was set up for her she would be far better off where she was with our involvement going back in again, so." (MS8. 448-452)
		"It's only because they live on their own, I tend to monitor to make sure that everything is just, you know, that the carers are not abusing the situation or they're balancing their money because some of them will get into financial difficulties by spending all their money, they can't pay their rent or, so you do have to monitor these things." (MS9. 224-228)
		"I think with regards to services users that I support, I try and make it my duty at least once a month. I don't have much, I think I've probably got 3 or 4 that live on their own, so every time I visit I try and make sure that I keep a check on their finances to make sure that there's no erm [irregular?], yeah , payment because you do notice that the service users that we work with have a pattern." (MS9. 292-296)
		"The case is still open to me, obviously because he didn't want me to take it any further you can't but it's not what the client needs at the end of the day but I am aware of, he is vulnerable…" (MS10. 93-94)
		"...he can be more vulnerable at times then others if you know what I mean and not remember them so you know it's just a case of monitor and review…" (MS10. 96-98)
		"...this was reviewed and we decided to sort of keep it open because there was other issues as well like care plan wasn't working quite well so I used that as an excuse to keep him open for a bit longer so I can review him in like a couple of months time and see if anything, so it's a way of keeping track..." (MS10. 100-103)
		"So it possibly was a case to answer to but, and he, as far as I know, that was back in the, there has been no contact with him since, cause this lady is actually still open to me, which is quite good." (LS18. 191-193)
	Case closed	"...we're going to close it, what we may do is put it on review and actually just review and see how he's doing but he does have friends and I think they are monitoring, they do keep an eye to him." (MS11. 342-344)
		"I'm going to visit her with a view to actually asking her again and her friend again, if she wants to move, if she doesn't then what we'll do is we'll probably close it with a view to reviewing the situation as time goes on." (MS11. 200-202)
		"...we then basically then agreed ok we'll leave the past as it is and very likely the son had taken quite a lot of money for himself probably because he had the debt and everything. Because you know because normally you would fall in terms of social justice it should be followed up really shouldn't it?" (MS12. 298-301)
Has abuse taken place?		"...on the balance of probability we would have to make a decisions as to whether they felt the abuse had occurred, and they might be doing that in conjunction with a police officer or some other professionals. It might be just a social worker on their own doing this, it really does depend on the circumstances." (MS1. 405-408)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Quote
Has abuse taken place?	"...the investigating officer would meet..., would look at the evidence and carry out all the actions and make a decision on the balance of probabilities, whether the abuse has occurred, not occurred, partly occurred or is inconclusive. ." (MS1. 414-416)
	"I saw no evidence that this lady was frightened, that she was in any way uncomfortable being with her daughter, she was very nicely dressed. I had no, there was no evidence to assume or to make me think that this lady was in anyway being physically abused or neglected." (MS8. 132-135)
	"So we decided that if I had no concerns about her physical well being that actually in her own, in that instance it would be far better to leave her where she is because obviously the family know we are involved and we are going to be coming back, then actually remove her." (MS8. 445-448)
	"...had I had any concerns at all that this lady was being abused or neglected there wouldn't have been any question, we would have removed her to a place of safety but I didn't have that feeling." (MS8. 457-459)
	"...the police then decided the best way to deal with that would be to put in some surveillance and use their own covert procedures and to be able to catch that particular person." (LS17. 141-143)
	"we did used to look a lot on what evidence, you know, police would always ask ...she couldn't describe the carer, she couldn't describe this. We got the agency to actually check through all their things, and there, if they'd have come up with a carer..., we would've had something that we could've followed up on. (LS18. 113-118)
	"And I mean even now, with the adult protection cases, sometimes you can still go through it and not come up with a result." (LS18. 119-120)
Identify lead agency to conduct process	"...if it had been reported to the police then obviously there's a limit to what we can do then. It is the police, there's decision then as to whether they're going to be the lead agency or we're going to be the lead agency and if it's them then it gets left at that point." (MS5. 551-554)
	"...he didn't want to make a complaint to the police so it wasn't a joint investigation it was a social services led investigation." (DS15. 81-83)
	"And then worry about whose going to lead." (DS15. 90)
	"If it was something around pressure obviously I'd speak to my health link about whether you know, and then we'd decide who's going to lead, whether we're going to do it jointly because sometimes we go out jointly…" (DS15.93-95)

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Short-term action	"... we went into the property with the family members and searched the home to collate other documents. That was really helpful, we did earlier on, and we all managed to be able to save ten thousand pounds going through the system at the time through shares. Legal services worked with their solicitor to get the money stopped so we were able to do that." (MS1. 245-248)
		"Obviously we were able to advise the niece in terms of changing bank accounts, freezing them, cancelling cards etc because we didn't know whether they'd been cloned…" (MS1. 249-250)
		"...if it was an older person, sheltered accommodation, we could put them in respite for a little while, while it's investigated or alternatively if the decision is made that they do want to go somewhere else, find another shelter scheme for them or it may be that they would want to go and stay with family for a spell." (MS3. 301-304)
		"They had access to her card, her pin numbers, we had to obviously, immediately shut everything down, ring everybody up and say we can't pay you, wherever the bill is at the moment we can't pay you." (MS5. 135-137)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Short-term action	"...it would be outside the family, more than likely it would have been in one of our respite units and we have done that in the past, you know, we have taken somebody out." (MS8. 464-465)
		"Well when I got that information, I one, blocked the card first and block everything to do with his account and then the police was then informed plus the safeguarding adult's team. I think I did everything on the same day, really, so erm." (MS9. 57-59)
		"We did offer to move the client that we were involved with that we're discussing here and she's not sure if she wants to move or not because we've got an extra housing, extra care housing project coming on, so by erm, what is it? Housing 21 and there are wardens and people available 24 hours a day." (MS11. 146-149)
		"We have advised him not to open the door but he still does...You know, it's easy for me to say 'don't open the front door', but if you're used to opening the door and seeing who's knocking on your front door, it's difficult to change the ways of a lifetime after 90 years you know." (MS11. 298-304)
		"...there was a problem with the pin number because what we had to do was act on it quick because if they had access to the pin number." (LS18. 172-174)
		"I arranged for a community support worker to take the client to the bank and get the pin number changed and what have you." (LS18. 174-176)
		"...we put a stop on the bank cards so that it couldn't be used, got a new one." (LS18. 253-254)
		"...we realised that when all these things started happening she was actually not keeping too well then and she actually became quite unwell and we had to place her then in a residential home and gradually her health started going down." (LS21. 243-245)
		"So in other words the partner didn't advertise for a second worker to relieve him of the 24 hours so we needed to stop it immediately - the direct payment." (DS4. 140-142)
		"Unless we can get someone as a power of attorney, so a second carer, the service user would have to go back to the traditional way of providing services where we send someone in to look after her rather than have her own money to buy her services." (DS4. 142-144)
		"...there was a crime attempt of domestic violence but this time she did want to go ahead and do something. In fact what happened is we moved her son into a hostel…" (MS1. 39-41)
		"We could of taken different action about you know, talking to people about, particularly with you know, with learning difficulties or something like that, about managing money, keeping small amounts so minimising risk." (MS1. 429-432)
		"...it was sorted out with the district nurse from the doctor's surgery that evening and social services, and (he) was put into respite where he was in, he's been there ever since." (DS13.145-147)
	Long term action	"In certain circumstances we may, with their agreement, put in a mascot alarm, so at least they've got something immediately to call some help, it's a 24 hour line." (MS1. 103-105)
		"...we hold cards in social services if people are particularly at risk if they've been repeatedly abused and they come and get the card or their support is to go to the bank once a week." (MS1. 466-468)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Long term action	"...we started putting notices around the place, kind of where we knew they'd been looking before saying, we sort of raised them as a reminder to the lady, so we kind of said you know 'please don't forget that your bank book and cheque card are no longer in the premises they're now held by social services' hoping that if they did come back they would get a very clear message that we knew something was very very wrong." (MS5. 117-122)
		"We do now hold her cheque book and cheque card in the safe and we then collect money for her once a month as she needs it, we've put everything possible on direct debits." (MS5. 125-127)
		"...we've got her power of attorney because she doesn't have family, we've got a lasting power of attorney going through at the moment for her so in the future when we're no longer around she should be safeguarded from that perspective." (MS5. 148-150)
		"I have left a financial pack with the brother who has appointeeship and he is aware that a visiting financial officer will be coming round to see her bank statements and things because we're actually looking at providing support for the sister in her caring role with mum." (MS8. 116-119)
		"He also told me that they won't be re-housing people in that block anymore and the view is to try and move people, the younger people out of there. So it looks like things will slowly erm, they'll be a little safer there." (MS11. 96-98)
		"They actually said that the perpetrator or the alleged perpetrator was asking to move back to East London where he came from and they were looking to transferring him there." (MS11. 92-93)
		"...one of our suggestions for instance was to actually put spy holes on all the doors so people could see who was knocking on their door before they opened it, and they said they didn't have the budget. So I mean that didn't happen…" (MS11. 77-79)
		"I asked again about the, that spy hole you know, for people and he said that he'd spoken to somebody and there wasn't the budget there, repeated that…" (MS11. 93-95)
		"So I worked quite hard with him and basically then got him to agree to pay the home care, also set up a plan to pay some money back…" (MS12. 215-216)
		"...I had a meeting with legal and we decided to apply for the court of protection to be appointed as deputy, an application has already been sent off that the council will become appointee to deal at least with her benefits." (MS12. 61-63)
		"...after that meeting we informed him that from now on we would deal with all of the lady's finances and also with her post…" (MS12. 66-67)
		"We deal with all her financial affairs, basically we kind of, we pay everything at the moment although we're not even appointee but we just deal with it because we didn't want the neighbour continue asking her to sign cheques." (MS12. 74-76)
		"When I took that case over again it was decided that an application to the court should be made…" (MS12. 204-205)
		"...after that you know we got all the money for the residential carers, there was a little bit like well do we really need to be deputy? And again nothing had happened for seven months so we basically we withdrew our application and it was again it was a judgement call because that meant well we never ever find out was that financial abuse or not?" (MS12. 287-291)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Long term action	"... I have talked to the cousins and they both felt that they actually wouldn't want the neighbour to have a key to the house anymore, so we will in the nearer future, but I have to set this up, we will change the locks to the house." (MS12. 80-82)
		"I do remain involved. I was involved with most of the joint visits that were done with CROP so I visited with the advocate from CROP and then he and I handed the information over to the police. Kind of as I guess as a sort of supporter come advocate but being there to kind of support the process really. " (LS16. 105-109)
		"...helping this man to realise that there are other support networks out there not just this one person. And gradually bringing those on board to kind of open his world which helped to kind of move it along for him to feel that he was supported and that there were other people that he could trust in the world because he was very isolated and didn't really have any other family support or friends. Very isolated man." (LS16. 283-287)
		"So we got that barred from making mobile phone calls full stop because the learning disabled son denied, 'oh no no no'. But I thought you can't hold the other son responsible for everything else." (LS18. 182-184)
		"And she asked the police to put a, you know, [restraining order] restraining order so he couldn't go near her, her property, and that was what they did do." (LS18. 189-191)
		"...when I visited the client the next day she was still talking about money going missing and admits that she let the young girl come into her house. I advised her not to let her in again and ...I visited again and there was no reports that the girl had no longer visited. " (LS18. 232-235)
		"The young girl was banned from visiting." (LS18. 254-255)
		"...she then does her risk assessment, meets the care manager, and then she will- they between them will find a way; maybe we can a lock safe, because not all clients want to put it in the bank as they think the bank's are going to take it from them." (LS20. 97-100)
		"...the best way to do this is a safe, a key safe box, but it's inside it's a cash box…" (LS20. 202-203)
		"Because the solution to me was; 'social services you hold the money, you hold it , my carer will come down to your office and they will pick up a certain amount to last the month, we will lock it away, if necessary we will lock it in our office because we have to receipt everything what goes on'..." (L20. 255-258)
		"... to try and protect this client, they've decided they're going to send a giro cheque because that way it's got that amount, that client's name, don't have a problem with my carer picking that up." (LS20. 263-265)
		"From that day the care manager agreed to meet with him and he was not allowed to have any dealings with this lady's money." (DS2. 59-60)
		"...if the next day she goes in, the carer you know, the client hasn't been out anywhere and she's only got £15 left, well what happened to it you know? So there's ways of monitoring it, you know like the carer go in the next day and say 'oh did you go out last night Jennifer?' you know, 'oh no' 'well can we just check to see how much is in your purse? Did anybody call?'" (DS2. 161-165)
		"He came to us, we still picked him up from the respite centre, to still give him co-ordination, to still give him independence, and let him feel that we haven't put him out to dry basically. So he comes to us, we pick him up by bus twice a week, and bring him to the day centre." (DS13.147-150)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Long term action	"we can help out in services via social services, us or any other voluntary sector within the ...area to give him the support that he needs at home so that he can keep up with the independent living." (DS13.154-156)
		"It's making sure that we can get in place a package of looking after him properly, because that is vital with somebody that's got financial abuse, any form of abuse, doesn't even matter if it's financial, whatever form of abuse." (DS13.186-188)
		"It's a package that is put in place when they come out, either from hospital if they've been beaten up, it's financial, it's the insecurities I suppose of that person." (DS13.188-190)
		"...we will endeavour to make sure that he picks up every avenue available to him. To assist him to stay at home, i.e. making sure he has a bath once or twice a week, getting a cleaner in once a week for him, getting somebody to help him with his shopping, to take him shopping..." (DS13.206-209)
		"...making sure he's got a useful mobility scooter or something that will help him get from A to B because he lives in a village so he can actually pop down to the local shop to get a few bits and pieces, so that he can then feel well-being and his independence back..."(DS13.209-212)
		"He went back into hospital and at that time it was decided that the girl that he'd met at the hospital was not allowed to visit him so I thought we were getting somewhere, they stopped her." (DS13.92-94)
		"...he felt that he couldn't go back to his flat but it was pointed out to him that he could go back to his flat and have a care package and be supported if he wanted to, of which he said he would like to…" (DS13.133-135)
		"The brother has now got involved and he's sorting out the house, getting his furniture sorted out, sorting out his finances of which one is stopping the bank paying the adopted daughter all this money…" (DS13.151-153)
		"But what we had to think about was her future and her sister coming back and trying again so we decided that we would go for deputyship for property and affairs." (DS14. 74-76)
		"So in the end we applied to the court of protection and were given an interim order which means that we had an order to manage her pensions and so on in the mean time but then we had to actually go to court." (DS14. 78-80)
		"...the director of social services is effectively the deputy so we manage her finances now and we manage her property." (DS14. 88-90)
		"...if we looked at a borough statistically the amount of people we have on appointeeship and on deputyship is quite high and that's probably higher due to the fact that there is a big push on safeguarding adults." (DS14. 247-249)
	Training	"I don't think people really saw, until they'd done training, that they saw what would be deemed to be financial abuse." (MS3. 353-354)
		"...all the providers and services that we commission and probably stake holders in it do come along, and we've had [the safeguarding Adults Manager] and her assistant ... give safeguarding training, so and as a result of that there's been a few more incidences have emerged..." (MS3. 180-182)
		"...there was a real need, either that hierarchy are very aware of safeguarding, they've got all the policies and procedures in place but front line staff didn't have a clue, so that impacts then to the people they're actually trying to deliver services to." (MS3. 188-191)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Inter agency process	"...if they've got capacity or you know, the balance of capacity we might go into the bank with them, talk about setting limits. ... I think with people like that they generally go into one branch and take cash out and so the staff get to know them and know that they've been you know, there's been circumstances before, and will contact social services if there is an irregularity." (MS1. 455-460)
		"I discussed with the bank if he came into the bank with ID, and they know him quite well because he only used one particular branch, would he be able to withdraw money? 'Fine no problem', he goes to the bank and pays all his bills over the counter and if anything changes the bank has to contact our team." (MS9. 379-382)
		"...we went to the bank and erm, stated that he couldn't, and he signed an agreement, that he couldn't draw out more than a particular set amount in a 7 day period and the bank were happy to do that." (MS11. 284-286)
		"...he does have a camera by his front door now, the police have installed that so that to see who is actually visiting. So the police are actively involved with this, because it's you know, he's been subject of this problem in the past." (MS11. 336-338)
		"…(-) has had to go back out and get a little bit more detail, and this is now when the two people come together, (-) and the care manager, because now they're setting up a safety net for this lady and her money." (LS20. 189-191)
	Internal process	"... he had to then go down to the, or get a member of staff ...to take him down to the office, to the cash office ... to get any money that he wanted and about paying the bills. So yeah we went through it and said that in future there was going to be this audit trail, nobody's going to be allowed to just do adhoc things." (MS3. 124-127)
		"...rather it being open and transparent and an audit trail of everything that happened, there wasn't. So as a result of all of this it did, one good thing came out of it in as much as procedures are now in place to prevent it happening again." (MS3. 45-46)
		"...so a procedure has been developed and in cases like this, this is what you do... der der, witnesses to the signature and set up an account …" (MS3. 106-107)
		"...once staff are stable and that they know the procedures you know, they know that the senior person is the one who does the money and then witnesses the signature and it's all about accountability…" (MS3. 150-152)
		"...protecting themselves to make sure that they had done everything that they could have possibly done because we're answerable to, by law aren't we you know…" (MS10. 253-254)
		"...it's an easy thing to say 'it's my duty to' but at the end of the day when something major happens it's very important that duty and I think people tend to be a bit, not blasé but they're aware of it and they know it's there but sometimes they suddenly really do know it's there and they think 'my god I could go to court with this' or whatever. Then you have to look at your own responsibilities to make sure that you've actually done everything that you should have done, it's a big responsibility." (MS10. 254-260)
		"There is stuff that we can do at the other end, for example, we can in the multi-agency context, we can exchange information with the appropriate agencies about what he's doing with that money and we might be able to get at him from another angle." (LS17. 324-327)
		"...the son did raise an issue was that he felt that when people came.... They had to press the bell and the person behind the desk, you know, receptionist, would let, just open the door and then they'd come in and sign in the book. But he was saying that nobody ever, when they come in, they don't seem to be asked [yes, who they are], who they are or show any id, and he felt that there was potentially a bit of a risk there..." (LS18. 321-326)

Appendix 5.3 (Continued) Quotations identifying actions taken by social care professionals in cases of suspected financial elder abuse

Actions taken by social care professionals – Quotes organised into key actions (Continued)

Category	Sub-category	Quote
Take safeguarding steps	Internal process	"So he fed that back to me and I fed that back to the care home and also to the police as a way of perhaps they need to tighten up and that the manager said she'd take that up with the staff, that they're a bit more careful with who's coming and going." (LS18. 348-350)
		"I suppose ultimately as a result of the last AP that was raised, that was what they did, they got a key for those clients to be responsible for the money in their own drawers." (LS18. 350-352)
		"My biggest fear I have with my carers is a new carer going in somewhere, this is why (-) job is so important to get that risk assessment spot on and making sure we've got the money sorted out that; where do we have to go? We've got to do shopping, where's the money kept?" (LS20. 613-616)
		"...that's when my mannequin comes into play because the reason they went out and done shadowing is so they can actually, with the client's permission, watch someone washed, bathed, dressed and how to treat somebody with dignity and respect. So obviously we changed it because instead of going out shadowing they can come in here..." (LS20. 494-497)
		"...with this they can actually now wash, dress Jack or Molly in this bed, get them in the hoist and actually handle them, to me it's much better." (LS20. 508-509)
		"...another term of abuse is fraud, when they get them to sign their timesheets and they haven't been there, that's exactly the same as going and taking some money out of someone's purse because at the end of the day that client is paying for that service, and that's why we do spot checks and supervisions and hopefully you know, we will actually detect." (LS20. 509-513)
		"We're outside watching what time they go in, when they come out." (LS20. 517)
		"The supervision is where someone will go in and watch you doing your work, but remember everybody, when you're under supervision you're going to do just about everything spot on; you've got your line manager watching." (LS20. 517-520)
		"...maybe go in and do a risk assessment at certain times and she's sometimes there when the carer's there. So even though she's doing a risk assessment she can still be looking to see what's going on…" (LS20. 520-522)
		"...somebody will say 'can you show me your receipt? Because if you've done Mrs Brown's shopping we need to check'…" (LS20. 537-539)
		"...it's handed over to (-), (-) then goes back to the client and explains that they're not allowed to receive money or any expensive items or voucher…" (LS20. 300-301)
		"...the money (-) takes back gets a receipt and gives it back and in fact we built up our risk assessment from it because now (-) has actually put in the care plan, in the client's home is a copy of our procedure for receiving gifts so it's clear and we don't offend anybody, I hope." (LS20. 307-310)
		"Because somebody with short term memory could easily say 'oh I don't know where it's gone' you know so we have to keep track of it A, to protect our carers and B, to make sure that nobody's financially abusing them." (DS2. 165-168)
		"In terms of, the lessons that the authority learned from that is that in a case of direct payment rather than going over after six weeks and I think maybe after two weeks." (DS4. 169-172)
		"...the six week monitoring of the direct payments definitely was a loop hole…" (DS4. 307-308)
		"...I think our safeguarding is carers going in, they're a good way of monitoring families and managing money, they're a very good way." DS14. (195-196)

Appendix 5.4 Stages of content analysis to identify factors that made decision making difficult for social care professionals

Features that make decision making difficult: developed from individual content analysis of the social care professionals' interviews by MD

Category	**Sub-category**
Context issues	Age related factors. E.g. dementia
	Language barrier (Non-English speaking)
	Learning disability
	Drug / alcohol abuse problem
	Self-funding service users
	Capacity
Dealing with autonomous decision makers	Older people with capacity have to give their agreement
	Older people bypassing financial safeguards
	Not wanting action taken
	Not understanding the process
Family dynamics	Overbearing relations
	Circumstance sin which abuse was reported
Time	Before cases are brought to social services attention
	Time scale of evidence gathering
	Time taken to get other agencies involved
Working with other agencies	Confidentiality and data protection
	Information sharing
	Getting relevant people to attend safeguarding meeting
	Lack of consistency in who you deal with at other agencies
	Communication
	Different working practices / priorities
Working with the police / legal services	Older people as witnesses in court
	Case not seen as a criminal investigation
	Ensuring older person's safety when police are lead agency
	Lack of support from legal framework
Working with the banks	Overdrafts allowed to escalate without being investigated
Fear of what will happen when the alarm is raised	Concerns for personal safety
	Fear of blame / Negative professional outcome
	Consequences if situation isn't actually abuse
	Damage to working relationship with family
	Impact on service user
	Increase in workload
Identifying financial abuse	Issues surrounding intent
	When people don't use the word abuse
	Money seen as a personal matter which isn't discussed
Ageism	Priority given to older peoples services

Features that make decision making difficult: Stages of group validation

Stage 1 – Preliminary group level analysis

Category	Sub-category
The client (older person)	Cultural perceptions of money
	Unreliable evidence
	Agreement required from client
	Bypassing financial safeguards
	Client not understanding the process
	Respecting their wishes
Family dynamics	Reluctance to report family members
	Motivations behind reports of abuse

Appendix 5.4 (Continued) Stages of content analysis to identify factors that made decision making difficult for social care professionals

Stage 1 (Continued) Preliminary group level analysis

Category	Sub-category
Working with other agencies	Confidentiality between agencies
	Not being kept informed
	Different priorities at different agencies
	Different work practices
Legislation	Lack of legislation
	Rigid legislation in other areas
Job role responsibility	Level of experience
	Knowing who is responsible
Consequences of raising alarm	Job loss
	Loss of relationship with client
Lack of resources	Frequency of review cases
	Case load for each social worker
Time	Between event and reporting

Stage 2

Category	Sub-category
The client (older person)	Cultural perceptions of money
	Context issues
	Agreement required from client
	Bypassing financial safeguards
	Client not understanding the process
	Respecting their wishes
Family dynamics	Reluctance to report family members
	Motivations behind reports of abuse
Working with other agencies	Confidentiality between agencies
	Not being kept informed
	Different priorities at different agencies
	Different work practices
	Knowing who to contact
Legislation	Hard to get conviction
	Proof of crime required
	Lack of legislation
	Rigid legislation in other areas
Job role responsibility	Level of experience
	Who is responsibility?
Consequences of raising alarm	Job loss
	Loss of relationship with client
	Deterioration of family relationship
Lack of resources	Frequency of review cases
	Case load for each social worker
Time	Between event and reporting
Age discrimination	Low priority of financial elder abuse
Defining financial abuse	Attitudes
	Misinterpretation

Appendix 5.4 (Continued) Stages of content analysis to identify factors that made decision making difficult for social care professionals

Stage 3 – Final categories of decision making difficulties

Category	Sub-category
The service user (Older person)	Respecting the service user's wishes
	Compounding issues
Cultural context	Perceptions of money
	Ageism
Working with other agencies	Confidentiality
	Different priorities at different agencies
	Different work practices
	Not being kept informed
	Knowing who to involve in safeguarding
Legislation	Proof of crime required
	Hard to get conviction
	Lack of legislation
	Rigid legislation / policy in other areas
Consequences of raising alarm	Impact on client's family relationships
	Impact on working life
	Impact on the older person
	Impact on relationship with client or their family
	Risk to personal safety
Identifying financial elder abuse	Identifying that it is happening
	Knowing what constitutes abuse
Work environment	Lack of resources and support
	Job role responsibility

Appendix 5.5 Quotations to address factors that can make decision making difficult for social care professionals

Category	Sub-category	Quote
The service user (Older person)	Respecting their wishes	"...obviously anybody with capacity, they're an adult in law so they've got a right to have control over their own lives so these, the things we've been discussing, the options we've been discussing to try and minimise risk." (MS1. 476-478)
		"...ultimately you know, there is no law that makes people do stuff so therefore we will try and encourage them but we'll be giving them information and a contact number so that if they change their mind or something else happens, and that's the trigger, then they know where to go for support." (MS1. 100-103)
		"We were aware of the particular individual, and in the past she's not wanted to take any action …" (MS1. 37-38)
		"...if in this case it's a couple of hundred pounds, it's the first time it's happened, absolutely adamant that they don't want anything to happen, it is difficult and what we try to do is talk to them about keeping their money safe." (MS1. 95-97)
		"I mean we've had instances where people, we know grandson's, whoever are taking their pension every week, and we say 'you don't have to put up with this we can help we can get the police', 'he's my grandson' so even though you know that it's happening if they have capacity and they won't let you do anything..." (MS8. 375-379)
		"...he has control of all his finances, we have to get permission from him and we did discuss appointeeship with him, and he refused. So he said 'you need to give me time to think'. He's still thinking, so at the moment all the bank cards and everything has been cancelled so if he needs money he goes straight to the bank with ID and withdraws money and the only person who can do that is him so, I mean, he's supported to the bank by someone." (MS9. 144-148)
		"He was quite insistent that he wanted £250 he didn't; I said 'well what about £100? What do you spend?' and he said 'but I might need it' he said. So you couldn't take that away from him you know and say 'no I don't think', I mean it's his money, I couldn't say 'well I think you should make it £100, that's enough for anybody in the week' you know?" (MS11. 344-347)
		"I think the problem is that unless the victim is prepared to actually state yes this has happened we can't actually assist them at all." (MS11. 424-425)
		"...it was a case that had been previously raised as an alert in relation to a gentleman's finances as an older person. But the gentlemen had a private carer and there were issues raised in that she took over the management of his finances....but he was happy with his arrangement and no further action was taken..." (LS16. 43-47)
		"The police didn't wish to become involved within the very early stages because they had said that it had been investigated [the time before] in the past and that the client didn't wish to move forward with it, so if we did find any evidence and the client did want to move forward with it, then obviously they would take it from there at that stage." (LS16. 88-92)
		"...initially one of the biggest issues was around the fact that you know I had to file with the previous information and obviously a client who at that time had said "no he was happy with his arrangements"" (LS16. 133-135)
		"...had he have said "no I don't want to do anything about it", I think that would have been a huge dilemma really. I mean at the end of the day I guess that's his decision but had he have said "no I don't want to proceed any further" I guess we would've said well this is the state of play, this is the evidence that we've got, you know." (LS16. 184-188)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
The client (Older person)	Respecting their wishes	"I think I would echo Hilary Brown's research and what she identified, and the fact that when somebody is being abused and you know that they are blatantly being financially abused, they might not have enough or they're sort of living at poverty level, but they will carry on giving this money to son, to daughter because it maintains the contact. " (LS17. 239-242)
		"I said to her …, you know, we need to go down to the police station, but she wouldn't come, she didn't want to go." (LS18. 66-67)
		"...in the end she just said 'I don't want to do this anymore, I'll be more careful in the future, I won't let anything else happen' so, erm, it was never really properly resolved." (LS18. 73-75)
		"...she's always, always refused and obviously we don't have any control, we can only advise…" (LS18. 77-78)
		"That was a barrier because she didn't want to go to the police station, it made her too anxious, too nervous." (LS18. 111-112)
		"...in the end, they wanted to, they were going to pursue it but my client declined, she changed her mind, and she said 'he's still my son I don't want it to be taken any further but I don't want anything to do with him anymore'." (LS18. 187-189)
		"She didn't want to talk to the police, she was very, erm, sort of this little girl is her friend, you see…" (LS18. 218-219)
		"The difficulty was that really she never wanted to go into a residential home erm; she wanted to stay in her sheltered accommodation where she was very happy." (LS21. 264-265)
		"...she said 'well you know it is my grandson, he's always doing this sort of thing' I said 'well then please please let me help you and I can contact the care manager and get her down here' she refused." (DS2. 122-124)
		"We can't do anything, it's their choice, and you know it's their choice." (DS2. 128)
		"But a lot of the times it was dropped because the service user, especially in this particular case, when first case to little, very little information coming from, until she said 'oh I gave her the money'" (DS4. 232-234)
		"...if the services user colludes and says the work was being done there's no way to discern." (DS4. 312-313)
		"But he said he wanted to see her because he'd lost his wife at that stage, he was very vulnerable, very much on his own, even though he had a brother and a sister." (DS13. 94-96)
		"So that's where it really stopped because he had the right to say what he wanted to do and what he didn't want to do…" (DS13. 98-99)
		"…(He) was saying 'oh no I don't want you (Social Services) involved'…" (DS13. 108-109)
		"So anyway it was left because (he) said he did not want anything to be done with it which was fair comment." (DS13.112-113)
		"Not when they're in their 80s, 90s, they feel it's too late for them to upset the apple cart to be honest so you know if you've got a grandson that wants £20 a week well you know, 'I'll give to him, I'm not going to be here forever and they've put a roof over my head' but again that's financial abuse but unless that person wants us to do anything about it we don't." (DS13.226-230)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
The client (Older person)	Respecting their wishes	"But we did involve the police and they said well she doesn't want to press charges, that this time the lady in question, the client, did have capacity because they could have charged her with fraud because of what she done and therefore there was nothing that they could do so the only thing that we could do was go to the court of protection." (DS14. 84-87)
		"So the police's issue was that we will interview her but if she doesn't want to press charges then there's nothing we can do because it was effectively fraud even though she had EPA." (DS14. 117-119)
		"It does frustrate me that because this lady didn't want to press charges because irrespective of what her sister had done it was still her sister and she still wanted to maintain some contact and taking in mind that she just lost the year before her other sister so she didn't want to." (DS14. 133-136)
		"The only other thing that is difficult is that we have to allow just because people are old it doesn't mean that they're silly and we have to allow people to take risks and make bad decisions." (DS14. 261-263)
		"I think that the Mental Capacity Act, one of the stipulations is; don't assume somebody doesn't have capacity because they make a bad decision." (DS14. 263-264)
		"...if somebody says, and they're 89, 'I'm happy giving my son £60 a week, I know it's for drugs, it's an unwise decision but he's my son and I want to give it to him, it's my money, I'm quite capable of doing that and I don't see it as being abuse' we have to respect that..." (DS14. 267-270)
		"To me that's a bad choice, it's £60 a week from a pension and you're feeding into somebody's drug habit but they have capacity and they, we have to respect that's the decision that they have made but that is very difficult for people but we have to respect that you know." (DS14. 270-273)
		"...he likes to treat his carer's he said he'd given this carer £750 but he was very annoyed that we found out and we said 'sir well you've actually told another professional, they had to tell us'." (DS15. 34-36)
		"He didn't want the police involved as he got quite cross with us for having to investigate this, and didn't actually want the money back but we explained that the policy has very clear policies and procedures." (DS15. 36-38)
		"I think he was really angry with us, he was, he quite, I say it's difficult but I think what I was told he was quite a lonely and isolated guy but he didn't see, they were his, he had no, he had a brother erm, no real local family or friends and he saw carers as friends you know. They were going in two or three times a day and he saw them as friends not as care workers." (DS15. 199-202)
		"I think maybe because social services are paying for the care package again he doesn't see it as a financial arrangement but no he was really cross, he didn't want, very protective over his carer's because the carer was really disappointed too because he says she was an excellent worker and this was her one discretion and erm, was really good with the service users." (DS15.202-206)
		"...he was quite cross and I think he phoned me 2 days later saying he'd a sleepless night over it and why was I getting involved? And he accepted what I was saying but he wasn't happy so yeah." (DS15. 206-208)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
The client (Older person)	Respecting their wishes	"The gentleman over the years, the agency said that they had to speak on numerous occasions because he'd always buy gifts for his carers and try to give them money and the manager had to be out several times saying that they had professional boundaries because he saw them all as friends." (DS15. 44-47)
		"Sometimes if the service user doesn't see it as a problem, it's their choice and they can't understand why you know our policies and procedures." (DS15. 111-112)
		"Without the client's consent to go any further you're stuck in a way, do you know what I mean?" (MS10. 112-113)
		"They were getting her to contact the bank, she was giving all of the security details and then passing the phone over and saying 'it's absolutely fine I give this person permission and authority to do whatever' and they were transferring a thousand pounds a month out of the account into their account..." (MS5. 58-61)
		"A lot of their paperwork is so upside down, you know, trying to look back and find, you know, there's like no clear piece." (LS18. 307-308)
		"...she'd draw all her money out and just have it all in her purse and she'd give him this to pay that, and then she'd send him to get her shopping and there's never really any proper records." (LS18. 309-311)
	Compounding issues - Age-factors (dementia / capacity)	"...she has also got quite severe dementia so that's quite difficult." (MS8. 37-38)
		"Again, I suppose her dementia was difficult." (MS8. 293)
		"And a lot of elderly people, cause all of the one's I've had have been elderly people, their information is sketchy, their memories are not so good, they can't, you know, [so they're not very good witnesses] it's just not very detailed." (LS18. 304-307)
		"I think people find it very difficult if somebody's got severe cognitive impairment and they say 'I have £500 in that cupboard and it's disappeared and 2 of my cups have been stolen as well and 6 eggs'…" (DS14. 223-225)
		"...we never ever assume because somebody's severely cognitively impaired that it's not true. We would still investigate that under safeguarding adult but I think they are cases where they're usually inconclusive after we've investigated because it's very hard." (DS14. 231-234)
		"...I think in cases where there is a severe cognitive impairment and allegations have been made it is quite quite difficult so I think staff find that quite difficult." (DS14. 237-239)
		"So I think its difficult then because you think then well did that actually happen and you know they're so severely cognitively impaired that they wouldn't be able to manage, why are they managing their money?" (DS14. 228-230)
		"It's very difficult because erm... if they have, it's more difficult if somebody doesn't have capacity. But you see if they had capacity and would be happy to give their son or daughter money, why would that change just because they don't have capacity?" (MS8. 479-481)
		"...we've had stuff like that so they've said this large amount of money's gone missing but then they've said, and we've had this you know, £500, 6 eggs and a hammer and 2 cups and you think that's really bizarre." (DS14. 225-228)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
The client (older person)	Compounding issues - Age-factors (dementia / capacity)	"[She] couldn't describe what the carer looked, and the more we talked about it to her, the more she closed up really and couldn't, you know, she couldn't even describe the carer in the end so we were started to feel like we couldn't go anywhere." (LS18. 69-72)
		"...we would've probably come to the same conclusion because she couldn't say who this woman was and unless we could actually locate who this person was, you can't even investigate it, you know." (LS18. 135-137)
		"What I'd like is for us to go in and at least have the opportunity to explain what the process is because people are scared. Explain what we do, how we support etc and what it means and so that at least they're fully furnished with all information to make an informed decision." (183-186)
		"I feel that older people in particular don't make informed decisions because they haven't got all the information." (MS1. 186-187)
	Compounding issues – Learning disabilities	"It's very hard for my client to actually phone up and explain the situation, what's happened. Although they didn't really want to speak to me because they wanted to ask him direct questions." (MS9. 64-66)
		"At one time I was trying to explain to him what they meant by this question, and they didn't like that because they felt that I was actually telling him what to say but he just didn't understand what they was asking of him. " (MS9. 66-68)
		"I think that's the difficulty with dealing with the banks over the phone with our client group because at times they would be asking him questions and he would be nodding, he wouldn't be answering, he'd just be 'mmm' and they couldn't see that and it was quite difficult for me to then keep on saying to him 'you need to speak up and you need to give an answer' because then they felt I was actually telling him what to say so it was quite difficult." (MS9. 68-73)
		"When it came time to interviewing the service user that, you know, because of his learning disability, I didn't think they was that understanding. So we went to do a photo to pick out a suspect from some photos that they had and he had, the police gave him over say 200 photos to look at and he actually chose 3 guys but they wouldn't go on that evidence because he said that was only 2 men that came in his house." (MS9. 87-92)
		"...working with elderly people with learning difficulties, they're a vulnerable group, so it's not the ideal scenario because they are susceptible to theft and they can't actually, they can't themselves account for where the money's gone which makes our job harder again." (DS23. 49-52)
		"They're not the best witnesses to a crime and they can't give full accounts of what's happened in the past. Their communications haven't…communication difficulties don't make it any easier…" (DS23. 52-54)
	Compounding issues – No family support	"I think it's always difficult with especially when you have, at this time it was really only just now about three or four, three weeks ago that I found out about her relatives and I did this by looking through her post and sending out a few letters saying we are involved, she has care, we found this letter would you like to contact us?" (MS12. 152-155)
		"And I always feel more concerned for people where there's hardly any family, nobody's seeing them." (LS21. 232-233)
		"And because there was no family support erm you, how do you support somebody in their community when there's nobody else except the system, the state." (LS21. 267-269)
		"I think people find it very difficult if somebody's got severe cognitive impairment and they say 'I have £500 in that cupboard and it's disappeared and 2 of my cups have been stolen as well and 6 eggs'…" (DS14. 223-225)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
The client (older person)	Compounding issues – No family support	"...I definitely feel concerned about people who have no family support or nobody close to them. Yeah I definitely feel concerned and I'm not sure how we can overcome that difficulty, I have no idea." (LS21. 395-397)
	Compounding issues – Language barrier	"I:...is there anything that you think would make dealing with this particular case any easier? R: Erm, well ideally the lady could speak English and she wouldn't be demented but erm, no." (MS8. 195)
		"...it's quite difficult because every time I go and see the lady I have to have a Punjabi speaking interpreter." (MS8. 35-37)
		"Fortunately, as I said, I had an Urdu speaking social worker with me who was able to interpret what was being said." (MS8. 89-90)
		"...she was recently seen in November by a psychiatrist, it is noted in the report that the daughter answered for her. So unless the consultant psychiatrist understood Urdu I'm not sure that what was being said was a true reflection of what the lady was saying." (MS8. 96-98)
	Compounding issues – Drug / alcohol abuse	"...she was in her early 70s but had a history of alcohol misuse which at times meant that capacity could be a bit of an issue. Now the lady hadn't been drinking for some considerable time and ... one of the cousin's worries were in fact these people were you know, 'oh let me go and do your shopping, let me take your card, I'll do this for you, and they were bringing back alcohol and she sort of then began drinking quite heavily again with them" (MS5. 50-55)
		"I think he was looking to his friend to support him, not having the friend around anymore you know, so there was a lot of personal thongs involved because they were trying to get them to stop using and things like that you know." (MS10. 62-65)
Cultural context	Perceptions of money	"...he didn't like being questioned over the finances at all but of course it's my job to do that so I said to him 'would he agree to come in and see me?' before things got worse really and he said he had no need to come and see me. What he was doing with his financial, err what he was doing with his mother-in-law's financial arrangements was his business not ours..." (DS2. 49-53)
		"I think older people living in the community is much harder because often people don't talk about finances, they're private about it…" (DS15.187-188)
		"...often people feel silly and won't disclose, that you know they're a bit daft about it." (DS15. 193)
		"...she didn't see what the problem was because she just thought she was helping her save her money and things." (MS6. 62-63)
		"She seemed quite an articulate lady that seemed very involved with the care of her daughter, she just thought that that was the right thing to do but when it actually wasn't." (MS6. 97-99)
		: So do you think there are any specific aspects of that example that were difficult to deal with particularly? R: I think it's being able to speak to the mother and say actually what you're doing is not the right thing for your daughter for these reasons. (MS6. 101-105)
		"...she was quite an articulate lady and seemed very involved with her daughter's care and she really felt she was doing the right thing for her daughter, she didn't see it as being a problem until we said no actually it is a problem. We said that you know 'you're not meaning to do it but she's entitled to that money, she'd been deprived of things'." (MS6. 105-109)
		"But it is very hard to challenge what the family's sort of functioning is in terms of managing income, particularly if they've always done it like that as well." (MS6. 317-318)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Cultural context	Perceptions of money	"I don't think people realise sometimes that that actually might be a form of financial abuse particularly if they're not getting a, not able to be doing the things that they should be doing with that benefit money for example. So I don't think people are tuned into sometimes to that awareness." (MS6. 347-350)
		"...what was difficult is the… this sort of demeanour of the partner at no point in time could he see that something was wrong. He couldn't see why he couldn't manage the money and be the carer…" (DS4. 149-151)
		"...he couldn't see why he needed to take a break, he couldn't see the other issues which weren't grounded in financial abuse - she's been smoking for years. So what we had to grab hold of is someone who just didn't have insight as to, and felt hard done by the council that we're interfering, that is from him terms." (DS4. 151-154)
	Ageism	"It's also I think an ageist issue because these are people that are quite vulnerable that don't necessarily have the voice that wouldn't question anything." (MS8. 321-322)
		"...if that had been a child there is no way they would have assisted somebody and take that child away unless they'd done an awful more checks than they did, that's what I mean." (MS8. 328-329)
		"I think there is certainly a feeling amongst social workers that work with older people, that actually, it's seen that anybody can do, anybody can work with older people. You don't have to be qualified to work with older people, whereas in fact, it's almost the reverse because with children there is a lot of legislation behind you to back you up with what you do." (MS8. 367-371)
		"Like you have with children. And as I say, you know there's, that's still not working either, ... but there's even less for older people, but you don't hear about that because they're not the ones who make headline news…" (MS8. 395-397)
		"And I suppose putting it higher on the agenda, you know. Elder financial abuse I'm sure is just seen as something that happens and there is no erm, it isn't very high on people's agenda really, because a lot of people think, well when they die it's going to go to the family anyway." (MS8. 526-529)
		"...I said 'I feel very angry about it, is it because she's elderly? Is this not discrimination?' you know? And erm, and the person who was actually working with me on this case he said 'I know' but he obviously had to go through his own hierarchy etc." (LS21. 360-363)
		"I think local authorities also have a huge part to play in that. And actually, social work with older people is being side lined even now as we speak with people who are not social workers being assessed, being allowed to go out and do assessments particularly as far as personalised budgets go and direct payments. They're being assessed by people who are not qualified and have not had the training." (MS8. 335-340)
		"...I do think there is a bit of discrimination amongst the police when it comes to elder abuse and I wonder how seriously it's taken, do you know?" (DS14. 136-138)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Working with other agencies	Confidentiality	"Banks are very difficult; they will not talk to us at all. We had to get someone in from Scotland Yard because our local CSU unit didn't have the expertise in dealing with financial abuse of this scale. So you've got someone in from Scotland Yard who was a specialist in irregularities and it took some time for them to get the information from the bank..." (MS1. 258-261)
		"...I'd say about 6 weeks for information to start being shared and probably much longer." (MS1. 270-271)
		"...we tried to make some enquiries via the bank very tentatively, and obviously even though she'd sort of said 'right this is my social worker and things put her on the line there's been some irregularity here I don't understand what's happened', they obviously wouldn't really tell us anything..." (MS5. 89-92)
		"…they obviously appreciated that we were trying to help her and they could see what had happened but obviously they couldn't really give us very much information" (MS5. 94-96)
		"...we've had lots of instances where we've been writing to banks and saying you know 'look at the heading on the paper, we're not trying to, we're actually trying to help this person through this situation and there is some information that we need' and they won't release it. So it does feel like you're kind of trying to do a lot of the safeguarding with finances with one hand tied behind your back really because the confidentiality seems to actually favour the alleged perpetrators rather than us." (MS5. 163-168)
		"If we had been able to get more information early on, given that the person had capacity and was begging the bank to work with us. That would have, you know perhaps we could have found the people or we could have, I mean obviously we stopped all the accounts and things once the actual extent of it was known. We just closed everything she had, stopped all the cards and everything but it was you know very much too late by that point..." (MS5. 205-210)
		"I: ...so do they [banking staff] get involved in the case conferences at all? R: No, we haven't done that because normally there is a confidentiality issue about what people actually want to have discussed. They're quite pleased somebody's flagged up a problem but they haven't always wanted to share very much more information so it's been, I suppose in fairness, a bit one way." (MS5. 192-197)
		"It's really very difficult to manage the confidentiality thing and I do feel it's gone a bit it too far and people are a little hide bound around it." (MS5. 246-247)
		"...we were kind of having to say things like 'so the person that's been ringing, if we sort of said they have a name like this would it be a similar one the accounts held in?' and they were kind of saying 'yes'." (MS5. 92-94)
		"It's quite difficult dealing with the banks because they have this data protection where they don't want to disclose any information." (MS9. 63-64)
		"The bank has to work alongside us as well because it is very, very difficult when you're working with vulnerable client groups and they're trying to contact the bank and they would not actually work with you because of data protection. Then it puts that service user in even more of a vulnerable situation where money could be stolen from them." (MS9. 428-432)
		"What I find really difficult is that you can't gain information from the banks until you were appointed as deputy you know to like with her all her savings accounts and even with her current account to see well what happened in the last few years if big sums of money had been taken out of it..." (MS12. 162-165)
		"This I find really difficult, you can't act quickly, you have no power, the banks would not tell you anything…" (MS12. 166-267)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Working with other agencies	Confidentiality	"The ones that take the time tend to be the ones where you're trying to get information and banks are involved and you need somebody's permission and that person who needs to give permission might not have capacity to make a decision about giving that permission because they have dementia and it's gone too far. So that can actually take time..." (LS17. 242-246)
		"...there's also been a practical fight between the two sons, probably over all of this money ...the police confirmed that an incident had been reported and was being investigated [with the fight], yea about the fight, erm, they couldn't disclose but I explained the other thing about the money." (LS18. 168-172)
		"...the banks don't co-operate with you either you couldn't call the bank.I: Why not? R: Because data protection..." (DS4. 260-265)
		"...you've got to deal with the DWP and again they won't share information without the right signatures and the right information." (DS22. 353-354)
		"It's always difficult, they won't discuss anything with us because of data protection you know, you've got to have the client up there or the client's permission." (DS22. 324-325)
	Differing priorities	"I think sometimes the police are so overburdened that this will, they're considered to be low level crimes which could have an impact massively on an individual." (MS1. 161-163)
		"We would back off other than obviously making sure that person is safe, make sure that if it's a carer we would be saying 'we really don't want you to be working with this person right now' and then the police would take over and do their investigation, the problem with that is it can take forever." (MS5. 554-557)
		"We obviously contacted the bank and said you know really you've not been very responsible here, either you've allowed this to escalate to the overdraft you know, she didn't even know she had an overdraft facility of £5000 so you've kind of let that go." (MS5. 129-131)
		"Trying to engage with the public guardianship office and can be very, it can take a long time; it could take a very long time to actually even get anybody's attention. Once you've kind of got through all of that they tend to work with you quite well." (MS5. 254-256)
		"Everything now has to be in writing and you're never quite sure if people, they don't always acknowledge what you've written so we do find ourselves now writing 2 or 3 prompt letters almost to say 'have you got the first letter? Have you got the second letter? We really do need some response here'. " (MS5. 278-281)
		"…I think we find it very difficult to find a GP that's fully involved with the family because families see so many GPs now at a surgery; they don't tend to have one fixed GP. I think it's hard to get any commitment from them, I mean I've never been to a meeting where a GP's been although they have been invited." (MS6. 278-281)
		"I think a combination of the bank not, you know, erm, I'm going to say being supportive. Because it's part of their procedure, you know, risk assessment or when they look at they're not supposed to disclose any information. So I do understand in that sense and then the police being quite slow to act on information so I think that's the most difficult part really." (MS9. 137-140)
		"I also think like with the police services I know they do a fantastic job and like everything there's only so many hours in the day but I think sometimes the links, where the police get involved it's normally something major." (MS10. 126-128)
		"… it tends to be more when there's a large amount of money involved or whatever, you tend to see more action…" (MS10. 143-145)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Working with other agencies	Differing priorities	"...we then had a case conference with my manager and manager's from [the Housing Association], and we invited the police, and although they gave us advice they actually said they couldn't come to the meeting, which frankly isn't unusual." (MS11. 66-69)
		"...they were informed but they didn't come to the meeting. Basically they regarded it as a civil matter that it wasn't for them to be involved at all." (MS11. 185-186)
		"...it took such a long time because this case wasn't on their priority list because of their staffing problems and prioritising, so it's actually dragged on…" (LS21. 145-146)
		"...the thing erm, obstruction I had was actually from the very slow response from the police, extremely slow that I was actually getting so frustrated that you know, they would never return your calls, and when they came they said well they've got more high priority cases and at one point they said 'well we don't know the CPS will agree to take it further..." (LS21. 355-359)
		"...and then CPS, at some point weren't very keen on taking on this either, but I had to really push hard for it…" (LS21. 147-178)
		"It can take up to a few months to organise deputyship." (DS14. 150)
		"...I must admit because this one went, a lot of deputyships don't go to court if it's not being challenged, this one did because it was being challenged but I would like to see that dealt with a lot." (DS14. 150-152)
		"...if somebody just has a state pension and they agree whether they have capacity or not we can contact the DWP and apply for appointeeship. That happens very very quickly and in the mean time can subsidise them until we've got access to rerun appointeeship. We can do the same with deputyship where we subsidise but it just is a long drawn out process..." (DS14. 153-156)
		"Erm the police was quite, I would say, sort of helpful. They're quite slow in a sense of, erm you know, it took them weeks to actually start the investigation." (MS9. 86-87)
	Working practices	"...we would contact the police and they'd probably be invited to the strategy meetings but rarely if ever come, particularly not in that timescale, they're hardly ever able to do it in that timescale." (MS5. 547-549)
		"I think it's very important that people who should attend strategy meetings do attend and don't just you know 'oh here's us another safeguarding case, I don't need to attend that one'…" (MS10. 373-375)
		"...if it's part of your remit then you should attend whether it's a case that's not particularly going anyway or it's a big big case you should show your face, don't be there just for the big ones you know. I think it also helps with team you know inter-professional working you know and you get to know roughly who's doing the case or you know? I think it, and it puts confidence in actually getting the job done." (MS10. 380-385)
		"...it depends sometimes who you have on the phone and they would say erm 'well you have to come to our police office and make a statement' and you think actually no this is why we have a community safety unit and this is why we have a safeguarding adult procedure in place and I don't need to come to your office to make a written statement you know, you are meant to come then and join the meeting." (MS12. 353-357)
		"...I think sometimes it depends on the individuals but overall I would say not all people are willing to attend those meetings…" (MS12. 361-363)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Working with other agencies	Working practices	"...in actual practice we found that you can't do that, you can't get 10 million people together and then two days later get the same 10 million people together, you just can't do it." (LS17. 298-300)
		"...we weren't allowed to give the police her photograph, we actually had a photograph of her here because we take photo's for their id badge and one for their file. They wouldn't take that because they couldn't show it to the lady in case it erm discrimination on something." (LS20. 473-476)
		"...I think the court of protection's probably improved there, how they work, but at the time I felt that every time you phoned up or wrote you'd get a reply from a different person; you'd always speak to somebody different, there was no consistency in how they worked..." (DS22. 33-36)
		"...I'd written to the banks saying that the son had the same initial, very similar signature, could they please put a stop on the account, they didn't do that and he was still drawing money of this account." (DS22. 292-294)
		"I spoke to our local police officer who said 'well actually it should go to the criminal side not the adult protection side' and they didn't respond very quickly so it dragged on for a long time and the home felt quite unsupported by it all." (DS22. 343-346)
	Not being kept informed	"...we didn't get feedback from the police, you know every month or so we'd ring them up and say 'is there any progress?', 'no we're still investigating' so there was never any prosecution, there was never as far as we know really, it just fizzled out because these people just spirited themselves away and disappeared." (MS5. 122-125)
		"He contacted the police … and ... they in effect assisted in the removal of this lady from the elder daughter, which is another side issue which we're going to have to investigate." (MS8. 57-60)
		"Sometimes we don't even get told the outcome…" (LS20. 656-657)
		"I mean, sometimes I feel that maybe we don't get enough feedback from the care managers unless I'm invited to the case then you know, I don't know what's going to happen until the care manager gets back to me." (DS2. 184-186)
		"...sometimes I feel that I would like a little bit more feedback from care managers, you know, it's, you think 'oh I wonder what happened there?'" (DS2. 186-188)
		"...it's taken me to ring up and say 'what's going on here, what's happening?' Nobody's taken it any further…" (LS20. 663-664)
	Knowing who to involve in safeguarding	"I think sometimes with data protection it's difficult I have to say like with, at least as though how I understand it, even with the carer, the son and the mum you know I wasn't really 100% sure how much I could really talk to the GP, because also you think well does he need to know that there is a potential financial abuse going on?" (MS12. 444-447)
		"If the lady in terms of her health needs they were all covered, the son always contacted the GP, there was you know, a lack of this, you think well does he really need to know?" (MS12. 447-449)
		"...the frustration around the court of protection and you know who to contact there I think has been quite frustrating in the past." (DS22. 234-235)
		"...I think if anything people might get a bit nervous doing it because of the grey areas you know, when does it become you know 'do I get the police involved, how?'." (MS10. 436-438)
Legislation	Proof of crime required	"One of the biggest problems is when people give money freely, even though they've been under psychological abuse, they have given money freely, the police don't see that as a criminal element but they've still been financially abused." (MS1. 410-412)
		"..in financial abuse sometimes you just don't have the evidence there so it's just trying to pick up that evidence because obviously the police are only interested in cases where there is evidence." (MS1. 408-410)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Legislation	Proof of crime required	"You still haven't got copies of cheques therefore the police are a bit reluctant to get involved." (MS1. 514-515)
		"Well for the police they're looking on evidence only and so you know, it could be one word against somebody else's particularly if they're taking cash. So there is no other evidence and it's hard to judge, there's no witnesses so it's one word against the others and that, the Crown prosecution service won't take a case like that." (MS1. 442-445)
		"When we contacted the police initially ... their attitude was 'if she's given the security information and allowed it to happen, unless you can prove that she doesn't have capacity' which we still couldn't, 'there is no crime that's been committed, in effect she's given the money away'..." (MS5. 78-82)
		"...they were just saying she's given security information if you're telling us that she has capacity she might, for all we know she's done it willingly so there is no crime." (MS5. 87-88)
		"...they needed evidence, they needed bank statements, they needed all sorts of things and of course to get back dated bank statements takes a while…" (MS8. 237-238)
		"It is difficult if police are involved, that becomes more problematic.I: Right, in what sort of sense? R: In getting them to accept, as I say, that actual financial abuse had been, was happening." (MS8. 425-430)
		"...although she had coercion and whatever, I think the police would have had a very difficult job if they went to court to actually say yes, he intimidated her into giving her money, especially as it was only her say so…" (MS11. 191-194)
		"...because he hadn't threatened her and things like that, he hadn't taken her card, she was actually drawing the money out, she was using her card so therefore, and she did know how to use her card because she'd been instructed on how to use her card by her friend. So therefore, as far as the bank was concerned, she was actually doing it as a willing person..." (MS11. 186-190)
		"...they said the threshold is just too high all they could do was get this information on him but not what had happened to the income of mum over the last five years, they just couldn't, and again they said well we have to wait until the council is appointed as deputy and the deputy can give us permission." (MS12. 225-228)
		"...it was always where, we don't know always if a crime has been committed therefore you know we can't - and sometimes people try to brush it off because no crime has been committed which you know as I said is the police's threshold and ours obviously is a bit different." (MS12. 358-361)
		"...I think recently there was an allegation about carers actually taking money and I know that the police actually came to a meeting and then they obviously they investigate it as theft which then it would be that the police's responsibility if it's theft but sometimes I think you know with family members having access to accounts it's much more tricky." (MS12. 363-367)
		"...difficult because if you haven't got the evidence, if you can't, you know, catch people red-handed…" (LS18. 30-301)
		"I suppose its evidence as well erm, whether, it depends on how much the police can get as well because it's like money being taken out of someone's, with a cash card. It's again how much banks will work with us, how much erm, a lot of their time they look at CCTV footage of the thieves who's been making these withdrawals yeah, I think they can all be difficult really..." (DS15. 113-117)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Legislation	Hard to get conviction	"I'm not sure whether they will actually ever get through to a criminal prosecution that's different, the police will look at the evidence we've got. I suspect it's unlikely because he's got mental health issues and because we're talking about small sums and obviously mum would have to get, although she's done a statement, she would have to get up in court..." (MS1. 152-156)
		"...generally vulnerable people, particularly people who lack capacity don't make good witnesses so the chance of them going through a criminal prosecution is very low…" (MS1. 449-450)
		"They'll almost want you to present with a case that could go immediately to court almost, you know they'll be wanting evidence at such a high level and you know, we didn't always have…" (MS5. 219-220)
		"... she wouldn't be, I don't think she make a good erm, witness in the witness box, I think she'd be very nervous. She wouldn't want to go to court, that would be a completely frightening experience, it's something, anybody goes to court I think she would find that very hard and very difficult." (MS11. 122-125)
		"...for the police the threshold is a lot higher until they are allowed to get access to information to the bank. They never would get like this from this other court and permission to get this information this is then what I've been told a couple of times when I contacted the police." (MS12. 182-185)
		"...they need much more evidence whether there is, whether financial abuse has happened so that they can have permission to then get an order from whichever court it is…" (MS12. 190-191)
		"...we have hardly ever reached court, from my experience it hardly reached court, because there's always from my experience the person that not willing to co-operate…" (DS4. 244-245)
		"We've never had a criminal conviction and so I think that that frustrates me but that's more to do with the law probably than how they feel but I know some of them get terribly frustrated themselves." (DS14. 138-140)
	Lack of legislation	"There is very little legislation that covers older people, particularly older people with dementia. It has always been seen the smelly, boring end of social work where in fact, to me, it's one of the most challenging because you are dealing with adults, you are dealing with people who have had a lifetime's worth of experience and for whatever reason now are not able to manage and actually are completely at the mercy of family and friends in a lot of instances." (MS8. 371-375)
		"...if you owe money to a debt company or you owe money to any company really they will take you to court but (the Council) don't do that and that is very frustrating." (DS22. 162-164)
		"...it seems there isn't the legal framework to support us. I think the problem is that erm, because it's the person's money not for relatives (---) that's why you can't take them to court is my understanding ok." (DS22. 171-173)
		"I think there has to be acceptance of, actually of older people, actually do need some protection and we shouldn't be going in just when these things happen but actually we should be much more involved and there should be much more legislation to protect." (MS8. 389-391)
	Rigid legislation / policy in other areas	"...we are being pushed more and more towards direct payments, which in itself is a very useful thing to have. But not necessarily for the client group that we have that have dementia and are not able to manage finances themselves and are reliant on family like my lady. And actually would she get that money if it's going to direct payments and it's being paid to a family member?" (MS8. 345-349)
		"...I mean the reason you need court of protection is because the person lacks capacity and yet you've got to go and serve these papers on a person that lacks capacity and won't understand it, what's the point you know?" (DS22. 359-361)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Legislation	Rigid legislation / policy in other areas	"Because I had this in this other case and you're kind of stuck and it then takes so long and by the time I think in some cases it you know, by the time you're waiting with the deputyship then people still could take money all the time and you couldn't even stop it." (MS12. 192-195)
		...you can't find out until you are deputy and that can take up to 7, 8, 9 months." (MS12. 165)
Consequences of raising alarm	Impact on client's family relationships	"I think she wasn't happy but she didn't want to say anything to her mother because she didn't want to upset her. She just wanted to please her and keep her happy because at the review she didn't bring up that concern herself…" (MS6. 81-83)
		"I think if it's another family member that's going to cause huge problems within a family erm. I think from another issue that we have to take into account as well which is a huge issue really, is family dynamics." (MS8. 504-506)
		"...you're not sure actually whether you're being used as a battering ram to, because of previous grudges or slights, you know, that have come up, so you do have to be very careful." (MS8. 506-508)
		"...one of the things that we always say is that we are not really, we do not get involved in family disputes, we can't get involved in family disputes and the bottom line is that the older person is the basis of our [concern?], concern and it's their well being that is paramount." (MS8. 508-511)
		"Well yeah he was developing resistance towards it [support from friend] because he was having to withdraw certain things like alcohol and drug abuse and you know it was very difficult to see whether it was a proper allegation or was a way of getting his friend to be disengaged from him because he was becoming resistant in his care package so to speak." (MS10. 42-45)
	Impact on client's family relationships – Reluctance to report family members	"She didn't sort of feel she was able to voice or 'yes that's true' or anything so I think she's quite worried about what her mum may think of her because her sister was there as well so I think it's the whole family thing as well." (MS6.90-92)
		"It could be a sore subject, reluctance, could be who's involved you know as I said if it's a close family member then they may feel reluctant to try and tackle the situation. It could be a carer that they've had for many many years; it depends on who is involved." (MS7. 381-383)
		"So I wonder if there was a link between him and the young girl, you know. But my client wouldn't see anything wrong with her son, but, you know, I still couldn't rule him out totally of the thing." (LS18. 248-249)
		"Because I know that she was often, he was running up bills for phone bills, mobile phones, contracts he was taking out, and she was often paying out for him, and paying out for him. So I wonder if there was a link..." (LS18. 245-247)
		"...she was obviously questioning herself or was she thinking 'oh god is it, is it my son' and, you know, cause she was quite protective over him." (LS16. 256-257)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Consequences of raising alarm	Impact on client's family relationships – Reluctance to report family members	"...maybe she suddenly thought perhaps it wasn't him and it was the, obviously she'd got this leaning towards her son, her learning disabled son [because he was vulnerable] of protection, like wanting to protect him. (LS18. 433-435)
		"...you never really know do you, if perhaps she was starting to question whether it was solely him then she wants, didn't even realise that the learning disabled son had had young people in the house, you know, the phone bill being run up extortionate amount, you know, so I suppose we'll never really know." (LS18. 441-444)
		"...how do these people, how can you guarantee you know like the safety of their finances? Because they still have to trust somebody you know I don't know, there's never going any full proof system especially if your own family members are abusing, what do you do?" (LS21. 390-393)
		"...it is very difficult because I don't think anybody, any mother, any father would like to feel or know knowingly that their children are financially abusing them and that I think it's really really hard, really hard." (DS2. 173-175)
		"...depending who's the person that is erm, you sort of, when it's family it's very difficult yeah. So it's very difficult to get any way beyond that strategy meeting, especially financial abuse yeah." (DS4. 250-252)
		"So it's difficult for anybody really I would say to be able to go in and make any judgement on that family even though you know it's her family and she doesn't want it so how would you put that in a policy?" (DS13.262-264)
		"...unless they want to talk about it, unless they want to come forward, and a lot of them won't because its family and they don't want to upset the apple cart." (DS13.225-226)
		"...when it's family members it's difficult for people because they think oh it's family…" (DS14. 217-218)
		"...you'll have discussions where they'll think that 'well she mentioned this and I feel uncomfortable following that family but you told me not to phone their other family member because they don't want them to know to that they think her sister's financially abusing'." DS14. (219-222)
	Impact on working life	"...they're scared, especially if they come across a case where it's one of their colleagues. Because you know, fear of being alienated for the person of having alerted that they're, particularly if it doesn't go to court and they've found insufficient evidence then you become a you know, a scape-goat, a trouble maker, it's not a nice situation to be in so I think it's understandable." (MS1. 504-508)
		"...if you then find it's one of your colleagues and people find out, then, and you know, it's likely that it doesn't got to court because the person's not a good witness then you're alienated and you've got to still work there." (MS1. 518-520)
		"...maybe if a carer picks something up or a day service worker might be worried about reporting it because they don't want to be seen as interfering or get involved in the situation particularly if they're not too clear about exactly what's going on." (MS6. 336-338)
		"...plus it was somebody who worked within, you look at the person differently you think well I never imagined them to be like that." (MS10. 230-231)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Consequences of raising alarm	Impact on working life	"...because they worked in the care spectrum you think 'oh god I never thought they were that- you know you think 'god why couldn't I have seen that?' you know you sort of reflect upon it, you can't do anything about it but you know." (MS10. 235-237)
		"...people just think 'well you never know do you?' you know I've sat next to them for god knows how long but I never expected that and then you do. I suppose then it was something like that you would question your own personal judgement for a short minute or two..." (MS10. 244-247)
		"Fear maybe that they're involved in it somehow, that you know if it's institutional or something or where you think actually I come, you know is that, God am I to blame too?" (DS15.270-272)
		"A lot of homes say we have to be very careful like if one member of staff witnesses something against another often there could be bullying afterwards, often staff have to be separated out on different shifts stuff like that." (DS15. 267-270)
		"...we work in small team so that made it difficult because everyone from the cleaners to senior members of staff were suspects in the case and that doesn't do much for the harmony of the workplace and it doesn't do much for team building morale." (DS23. 60-62)
		"...it made it very unpleasant to actually have to go into work when you were suspecting other people and knew you were under suspicion yourself." (DS23. 63-64)
		"...you don't want to go ahead and report it because it is at first just a suspicion, but when it, because you know it will kind of …it will break up the unit of the team so you'll feel that'll be the last thing you'd want to do." (DS23. 126-128)
		"...when you've explored all different avenues and found that there's no other way that you can go about it you've got to actually, your inclination is to actually pass it to higher management even though you know it's going to have kind of negative results with regards to the team..." (DS23. 129-132)
		"...if they become too friendly with the clients and their family they lose the professional boundaries. Fear of repercussions sometimes if they feel that it may be they start getting looked at." (MS3. 388-390)
		"...she broke the professional boundaries, she you know, be friendly, very professional with your work but I think a lot, it comes back down to training again, it's understanding the boundaries. So I think if they become part of that person's family again, you move into get, going to functions or it becomes more than the delivery of service at work." (MS3. 404-407)
	Impact on the older person	"...you have to constantly make those best interest decisions and the question with the key was for example was there right in the beginning you know, shall we leave the neighbour with the key? You know he pops in he says in the morning and evening so by taking the key away we would deprive her her of this additional contact..." (MS12. 155-159)
		"...what do you do when he's doing the gardening, this makes sense you know he's doing the gardening he lives next door so I think that was difficult…" (MS12. 159-161)
		"So I had this huge decision as to how to move forward with the client. He was a very isolated man, quite lonely. He'd not been out for a long time and he felt that his world revolved around this private carer…" (LS16. 137-139)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Consequences of raising alarm	Impact on the older person	"...she was his only link with the world, and that if he jeopardised that by saying that, you know, by saying that he wanted to move forward with an investigation then what would happen to his world?" (LS16. 139-141)
		"I'm just surprised that even though the police went round her house, she was allowed to go back to that house to say sorry, I just find that strange." (LS20. 561-562)
		"...I suppose in many ways I was worried about whether we're making the right decision for him because it's a security blanket no matter how difficult it is for him he was being looked after by her 7 days a week but at the same time she was abusing him." (180-183)
		"So I was pulling him away from what I see as being looked after 7 days a week where he was getting food, clean bed, clean clothes, and putting him in with social services into respite, but it's not that, it's when he comes out afterwards." (183-186)
		"If they don't want to come forward, they know it's happening, I know it's happening and they'll say to me 'oh this week I had to give so and so £20 for a trip because they haven't got the money'. I know full well they've got the money, he's working in a full time job and she's doing ok thank you. Where in the policy would it state well if she comes forward because she is being abused, what safeguards are there for her? You know, she's 85, what safeguards are there for her?" (DS13. 246-251)
	Impact on relationship with client or their family	I: So do you think there are any specific aspects of that example that were difficult to deal with particularly? R: I think it's being able to speak to the mother and say actually what you're doing is not the right thing for your daughter for these reasons." (MS6. 101-105)
		"I think it was quite some time yeah but just no-one felt able to sort of bring it to the mother's attention before, I think because of the way the mother is maybe." (MS6. 141-142)
		"They might be worried about any potential damage it might do to a relationship they have with that family or individual as well." (MS6. 338-340)
		"...you ask the client 'is everything going well?', 'oh yes, my carer is fine, she's actually more like a daughter to me' and as much as we want to set clear boundaries, we do professionally, from our perspective what goes on between the client and the domiciliary carers we don't know, we really don't know." (LS21. 124-127)
		"I think it can be difficult if you're working with families about the care of somebody to then you know; you want them on your side as far as placing mum in the right home and what have you, and then if you're saying well actually you know 'we think you're abusing them'." (DS22. 258-260)
	Risk to personal safety	"...we're quite vulnerable at times as well you know we come in and out the office you don't know, if you've identified somebody as having abused their family member, you don't know who they know or anything else so where their lurking." (DS22. 261-263)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Identifying financial elder abuse	Identifying that it is happening	"...we didn't know there was any background of money, how this lady could cope with herself, we can only go from face value. Talking to the lady…" (LS20. 179-181)
		"...you can only identify if you've got any evidence. You know I mean how else would you know?" (LS21. 377-378)
		"Especially when we live in a society we all say you know 'here in the community' but I always have a question mark, does community really care? You know with the lifestyle now, I mean I'm not accusing anybody but the lifestyle we all have, I don't know who lives next door to me, I might see them occasionally in the summer over the garden wall but do we know?" (LS21. 401-404)
		"And I think as the society is really becoming more and more insular, you know more and more isolated erm, yes if there's abuse going on in the neighbourhood you wouldn't know would you?" (LS21. 404-407)
		"Physically, yes the system erm, helps you to monitor the culprits but the financial one was difficult to detect unless somebody gives you some information you have no idea, because we don't go and ask because this, even under human rights, how do say to somebody 'I want to see your bank books, I want to see how much money savings you've got'." (LS21. 326-330)
		"...on one hand we are protecting the interest, we are safeguarding their interest but on the other hand we, there are certain things we can't monitor. Money is definitely one of them." (LS21. 330-332)
		"Because it is hard to manage somebody's affairs when, financial affairs, when they're living in the community because you don't know how much money they need each week erm, you know? And there is no provision in the system, there is no inbuilt mechanism where you'll have like a finance officer who, in the local authority, who can manage client affairs..." (LS21. 287-291)
		"And it's also proved another point, is that we didn't know when we did financial assessment for her contribution, that she had all this money, had we known that she wasn't actually entitled to certain benefits either…" (LS21. 168-170)
		"...in this case this woman was totally on her own, and you can't get involved because nobody's told you that she's not managing her money." (LS21. 201-202)
		"...but I think in many ways it's very difficult to prove financial abuse especially if the person that is being abused doesn't use the word that it's financial abuse." (DS13. 174-176)
		"He doesn't, he never come across and said she's abusing me. What he used to say to me was 'she keeps asking me for more money and I haven't got it'…" (DS13.176-178)
		"...I don't feel that sometimes we delve enough into finances you know. We go out and do a financial assessment but it's taken very much at face value you know." (DS22. 206-208)
		"I could imagine, especially Gp's when you have dealt with the family for years and years, this kind of familiarity that you think you can't possibly imagine that somebody you have known for years could actually do something like this." (MS12. 415-418)
		"...when it's just come out of somebody's purse, and then often...it wasn't noticed until the next day so, right, time is a little bit of the essence." (LS18. 303-304)
		"...it goes on sometimes with or without the knowledge of the service user in terms of money, some of them don't know their money is being siphoned." (DS4. 297-298)
		"If it's physical abuse well of course they know they're being hit and they're beaten so the silent (want them to be) financial abuse is the one that is most subtle than all the others." (DS4. 298-300)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Identifying financial elder abuse	What constitutes abuse	"I guess it's the detectives, when something's got be investigated, you know, if you've got an assault that's easy because it's physical. It's the financial where you do actually have to have somebody who is trained in fraud to actually know what they're looking at." (MS8. 435-437)
		"...you're not just asking what's financial abuse, but you're actually asking what's abuse…" (LS17. 69-70)
		"Because something that we may see quite blatantly as being financial abuse, like the son who visits his father once a week, to phone up the lad themselves wouldn't necessarily see that as abuse." (LS17. 74-76)
		"...somebody took the safe, well it wasn't a proper safe which is sort of part of the problem, but the money box with all the client's monies in it. Now, the question there is I suppose would you call that financial abuse because it was straight theft and if you were looking at intent, the thief possibly didn't even know that the box had money in there that belonged to vulnerable adults." (LS17. 87-91)
Work environment	Lack of resources / Support	"Sometimes for whatever reason there might not be a manager around to discuss with at that moment so you have to hold that information and wait until you can find someone which if it's quite an urgent matter that can be a worry sometimes." (MS6. 291-294)
		"...do we need to take an immediate action particularly if it's that person's safety if it's, as well as financial abuse, physical you know, risk of physical abuse and things like that it's hard to sometimes to act on your own really, making sure you've made the right decisions." (MS6. 298-300)
		"...as long as there's a manager around really to help guide your decision because sometimes it can be hard to know where to go with things." (MS6. 290-291)
		"...the paperwork is phenomenal, absolutely phenomenal so I would like to see that process run a bit quicker and be a bit more straight forward." (DS14. 157-18)
		"I don't feel I don't always do as thorough a job as I could and I think you're encouraged to deal with the here and now, this is allegation of abuse, this is what we've investigated, what's your outcome? Close it." (DS15. 225-227)
		"We are getting better at looking at post abuse support and more preventive stuff and but I just, you just need more time, you know I wish I know, I don't feel I do the job as well as I could have done because of time really." (DS15. 227-229)
		"We don't have enough admin support, there's a lot of admin involved in adult protection, either whether we're trying to arrange meetings, writing minutes and stuff like that." (DS15. 221-223)
		"I think culture within the company, not knowing so lack of training…" (DS15. 262)
		"...your own training, your management's training so if you go to your manager and they just disregard it or you've got a culture. " (DS15.266-267)
	Frequency of case reviews / monitoring	"...at reviews sometimes you never know what you're going to come up against so it's just something that appeared at the time but if it's maybe something in a meeting that you know you're going to have to address…" (MS6. 120-122)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Further detail	Quotes
Work environment	Lack of resources / Support	Frequency of case reviews / monitoring	"...I guess like if the care worker had come to me and said 'oh I'm a bit worried about this can we talk about it at the review?' I could have maybe asked for some colleague's advice on how to deal with it or looked at some information about it or look into the finances so I know exactly what I'm talking about." (MS6. 126-129)
			"...it could be very difficult if you're not monitoring or supporting the clients with their finances because then you wouldn't know until one day they come and say 'well I've got no money to pay my rent' and then you think, well where did your money go." (MS9. 290-292)
			"It used to be once every six months we used to out and review the clients and I think now it's about once a year, so what is going on on a day to day basis we rely on the carers you know…" (LS21. 100-102)
			"It was the relief carer that spotted it yes….Otherwise it could have gone on forever and we wouldn't have known." (LS21. 207-211)
			"And in this particular case she had trusted the carer so much that I think literally the carer was doing other things for her which were not aware of, and we don't know because unless somebody tells us what's going on how would you know?" (LS21. 121-124)
			"...where people are living on their own they're elderly and frail, again there's nobody watching over them, you know there's no relative who pops in or anybody, they're more at risk because even the carers get to know well there's nobody watching here." (LS21. 193-185)
			"Unfortunately there are people out there who don't have care in place and so you'll see with people like that it's usually a lot of damage has been done, a lot of money's been spent because there's nobody gate keeping it." (DS14. 202-204)
			"...if there was more resources or a bit more time for people to put a bit more, you know often you'll get a case and not necessarily, it doesn't happen that often but they haven't been reviewed for a year or so and had that been done perhaps other things would have been picked up and that's because we haven't got the resources really." (DS15. 243-246)
			"...I think the law and maybe local councils should have more safeguards and more sort of monitoring of clients who are self funding because purely in the fact that they are self funding we can say to them you know 'you've got so much above the threshold ok we can help you but if you want to pay for it privately here you go' and it leaves them very vulnerable..." (MS10. 175-179)
			"Unfortunately there are people out there who don't have care in place and so you'll see with people like that it's usually a lot of damage has been done, a lot of money's been spent because there's nobody gate keeping it." (DS14. 202-204)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Further detail	Quotes
Work environment	Lack of resources / Support	Case load for each social worker	"...it creates an awful lot of work, like as a front line worker like at the moment this appointeeship application still hasn't got through, I still I get all the bills, I have to ring British gas and again they wouldn't allow me to change anything not even set up direct debit because I haven't got power of attorney..." (MS12. 167-170)
			"I mean there's one of me, so I'm the one person in the (-) district, if I can't obviously take on every case, so if I don't that would go to a care manager to go on top of their normal work." (DS15. 217-219)
			"Adult protection is urgent so you kind of have to drop everything else, not so much for me because that's my main job but you have to drop everything else to deal with so then people get very behind with their other work." (DS15.219-221)
			"...we just kept beavering away but when you think that's only a small part of our role it is quite difficult." (DS22. 37-38)
			"...as a care manager that has you know a case load of a hundred plus and all the over the issues you deal with, to deal with that was a huge task but anyway we did." (DS22. 290-291)
Job role responsibility	Knowing who is responsible for what		"I think the things that made it difficult to deal with that you had sort of three parties involved, you had [Hospital] office, the cash office, and you had the Clinical Psychiatric Nurse who was a trust employee." (MS3. 138-139)
			"...it was over areas of responsibility and what that person actually had delegated responsibility to do and the financial procedures of both organisations." (MS3. 39-40)
			"...there was confusion between the support worker, the support provider and the NHS trust staff really, the care manager." (MS3. 34-35)
			"...there was two sets of people going, involved in that persons care, and the trust did have, they've had a lot of different staff which I think has added to the confusion." (MS3. 75-76)
			"...it was more of a professional fault in a way because there was a lack of clarity around roles. Then there was perhaps an assumption that it was ok rather than you know going through a checklist of things..." (MS3. 104-106)
			"...a lot of things that freaked out social workers I found when I was working in safeguarding was the whole strategy meeting case conference; 'who do I ring? When do I have to have this done by?' you know and 'I can't get that done in 48-' you know. Then there's' the panic because you have to meet deadlines but 'what if I don't meet deadlines and something happens am I going to be responsible?'" (MS10. 351-355)
			"...as care manager and you're managing someone's case you're very helpless as well, people think you've got a lot of power but you think how do I protect this person?" (LS21. 283-284)

Appendix 5.5 (Continued) Quotations to address factors that can make decision making difficult for social care professionals

What are the features that make decision making difficult? (Continued)

Category	Sub-category	Quotes
Job role responsibility	Level of experience	"...none of my girls, in our policy and procedures we do not do that because that leaves my client wide open; it leaves my carer- because who's to say that carer goes in and takes £50 but goes back and takes another £50, she is completely wide open. Or someone else picks up her card and does it but if my carer's had the card she's going to get the blame so we said no, we're not prepared to that, but we said 'why don't you?'..." LS20. 251-255)
		"Because think about it, my carer, new girl, goes in, the family may be on the take, there's their opportunity, there's a brand new girl walking in there. I've got her references, I've done her CRB but I don't know the person. Because sometimes you know your carer and they're sitting there and you know they wouldn't even attempt, you still have to investigate it, but my new carers are more vulnerable in the community because if they turn around and say 'well my mother had £100 there and when your carer left it's gone', and how I can prove that?" (LS20. 616-622)
		"So now do I carry on and let my carer work for me knowing that this money's gone missing, did she take it, didn't she take it? It's so hard so obviously" (LS20. 623-625)
Job role responsibility	Level of experience	"...we try to instil in the younger ones, that's why they have an awful lot of induction with our mature carers so that hopefully they will recognise little things, little signs you know. It's difficult because if you can imagine erm, somebody that's had a neighbour for 30 years you know, and the neighbour's very nice to them, very very nice, but if you're a carer and you're going in and you're seeing that this neighbour is taking advantage erm, the younger carer might possibly mistake that as the neighbour being so helpful." (DS2. 151-156)
		"...people not realising you know you can't keep it a secret saying 'oh please don't tell anybody' and sort of colluding really…" (DS15.273-274)

Appendix 5.6 Stages of content analysis to identify factors that can make decision making easier for social care professionals

Overall content analysis of the social care professionals' interviews

Category	Sub-category
Legislation	So that different agencies have to be involved in the safeguarding process
	For councils to be able to take decisive action
Good practice	Having an external investigator
	Recording amount of money in clients possession
	Only specific people having access to a clients money
Staff training	Case examples which people can relate their experiences to
	To aid recognition of abuse
Professional accountability	Whether or not there is legislation
Safeguarding awareness	So that abuse is reported
Working relationships with other agencies	Police interest/involvement
	Dedicated community support officers experienced in financial elder abuse who could talk to older people
	Banks
Structured monitoring of self-funders	
Support	Resources
Use of the POVA list	Recording carers found guilty of financial elder abuse so they can't work with vulnerable adults again
Legislation	So that different agencies have to be involved in the safeguarding process

Stage 1 – Preliminary group level analysis

Category	Sub-category
Banks actively contacting social services	
Inter-agency working	Police interest/involvement
	Health care staff liaising with social services
	Advocate representative
Where older people lack mental capacity	
Formalised ways to support service users financial management	Appointeeship & Deputyship
Care home record keeping	
Supervision and support	

Stage 2

Category	Sub-category
Support	Supervision (e.g. availability of line management)
	Police support / liaison
	Training (Knowing who to report abuse to)
	Inter-agency collaboration
	Clear procedures to follow (e.g. adult protection, gifts from clients)

Stage 3 – Final categories of features that can make decision making easier

Category	Sub-category
Effective line management	Available to discuss concerns
Training to identify and act where abuse is suspected	Knowing who to report abuse to
Clear procedures to follow	Adult protection legislation and policies regarding gifts from clients

Appendix 5.7 Content analysis of a sub-set of interviews to identify the cues of financial elder abuse for health professionals

Individual content analysis of a sub-set of the health professionals' interviews

Cue	Category	Extra detail
Informed / reported	Patient volunteer	
	Social services	
	Care fees not being paid	
	Older person	No cash to buy things they needed
	Doctor	In-patient
Observed	Family	Behaviour of family members
		Reluctant to release funds to pay for care needs
		Not wanting to share information about older person's finances
		Refusing to allow adaptations to be made to the property
		House signed over to Granddaughter
	Living conditions	
	Asked to witness Will by new partner	
	On regular assessment review	
	Carer with mild learning difficulties	Required help to manage their own finances
Presence of specific financial problems	Stealing from the person's home	
	Family members motives driven by inheritance	
	Inconsistencies in what family and older person are saying	

Appendix 5.8 Content analysis of a sub-set of interviews to identify factors that can make decision making difficult for health professionals

Identifying the features that can make decision making difficult – Developed from individual content analysis of a sub-set of the health professionals' interviews

Category	Sub category
Limit to what can actually be done	Where family members are Power of Attorney
The older person	When patients have full capacity + when capacity is questioned
	Patient autonomy. Not wanting action taken
	Difficult to get unbiased advice
Difficult to identify	Asking about money can be tricky (Societies perceptions of financial matters)
	Limited contact time with patients
	What is financial elder abuse?
	Speaking to the older person without the carer being present
	When abuser is someone unexpected
Dealing with suspicion rather than fact	
Power of attorney	Can create blocks to action
Working with other agencies	Time taken to get information
How information has emerged	Having to base decisions on second-hand information
GP job role	Doctor-patient confidentiality
	Finances are not the GP's primary concern
	Ensuring that a good relationship with family members is maintained
	Impact of doctor-patient relationship
Considering the impact of getting involved	Fear of repercussions
	Potential risks to the older person of taking action. E.g. loss of support

Appendix 5.9 Content analysis of a sub-set of interviews to identify factors that can make decision making easier for health professionals

Identifying the features that can make decision making easier – Developed from individual content analysis of a sub-set of the health professionals' interviews

Category	Sub category
Raising awareness / profile of financial abuse	Involvement of professional bodies / Case worker training
Working with others to tackle financial abuse. 'Partnership approach'	Family members
	Other agencies – Local police / Working in a multi-disciplinary team
Tighter rules regarding Power of Attorney	Procedure where Power of Attorney not in place
Vulnerable adults guidance to follow	Necessary in an ageing population
	To increase priority of response to financial abuse

Appendix 5.10 Content analysis of a sub-set of interviews to identify the cues of financial elder abuse for banking professionals

Identifying the cues of financial elder abuse: developed from individual content analysis of a sub-set of the banking professionals' interviews

Cue	Category
External alert	Friend
	Cashier
	Domiciliary carer
	Customer
Bank account activity	Change in usage patterns
	Large transactions
	Third party involvement
	Account unexpectedly closed
	High value cash withdrawals
	Unauthorised transfers to other accounts
	Matching pattern of suspicious activity in other bank accounts
Large prize win	Customer encouraged to be secretive
CCTV evidence of cashier completing a transaction without the customer present	
Builders driving customer to the bank to collect money	

Appendix 5.11 Content analysis of a sub-set of interviews to identify factors that can make decision making difficult for banking professionals

Features that can make decision making difficult: developed from analysis of a sub-set of the banking professionals' interviews

Category	Sub-category
The customer (Older person)	Capacity assessment
	Customers rights to confidentiality
	Have the right to make their own decisions
	Doesn't want to pursue case
	Relationship with suspected abuser – If suspected abuser is a family member
Working with other agencies	Police not being sensitive
	Difficult to get the police involved
	Not being able to discipline staff because of ongoing police investigation
	Working relationships with social services
	Hard to share information between agencies
Not being able to take cases to court	Capacity of the older person to stand as witness
Consequences of taking action	Reaction from family
	Loosing customer's business
Policy and guidance	No formal guidelines to work to
	Proving abuse has occured
	Action within the guidelines of data protection
Staff circumventing procedures	

Appendix 5.12 Content analysis of a sub-set of interviews to identify factors that can make decision making easier for banking professionals

Features that can make decision making easier: developed from analysis of a sub-set of the banking professionals' interviews

Category	Sub-category
Local knowledge	Cashier-customer interaction
Systems to identify potential financial abuse	Account monitoring systems to identify unusual transactions
Preferred arrangements for third party bank account signatories	
Formal guidance to follow	Regulations which provide a degree of flexibility
Effective working relationships with other agencies	Trading standards
	Other banks
	Social services
Information from working groups about best practice	

Appendix 6.1 Phase II financial elder abuse case scenarios presented to social care and health professionals

1. This scenario is about a 66 year old female. A family member tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home with a care package.
2. This scenario is about an 86 year old male. He tells you himself that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has minor physical health problems. He is fully mentally aware and currently lives in his own home.
3. This scenario is about a 76 year old female. Another professional tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has minor physical health problems. She is at times slightly confused and currently lives in residential care.
4. This scenario is about a 66 year old female. Her friend tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. She is fully mentally aware and currently lives in sheltered accommodation.
5. This scenario is about a 66 year old male. You notice that no change had been given after the shopping was done for him. This older person has no physical health problems. He is fully mentally aware and currently lives in his own home.
6. This scenario is about a 76 year old male. He tells you himself that no change was given after the shopping was done for him. This older person has major physical health problems. He is fully mentally aware and currently lives in his own home.
7. This scenario is about a 66 year old male. His friend tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in a nursing home.
8. This scenario is about an 86 year old male. You notice building work was recently paid for and hasn't been carried out. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in his own home.
9. This scenario is about a 76 year old male. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in a nursing home.
10. This scenario is about a 76 year old female. You notice there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has no physical health problems. She is at times slightly confused and currently lives in her own home.
11. This scenario is about an 86 year old female. This older person has no physical health problems. She is fully mentally aware and currently lives in her own home.
12. This scenario is about a 66 year old male. Another professional tells you the Lasting Power of Attorney is now managing his finances and money is missing from his current account. This older person has major physical problems. He is extremely confused and forgetful and currently lives in his own home.
13. This scenario is about an 86 year old female. You notice that no change had been given after the shopping was done for her. This older person has major physical health problems. She is at times slightly confused and currently lives in a nursing home.
14. This scenario is about an 86 year old male. He tells you himself the Lasting Power of Attorney is now managing his finances and money is missing from his current account. This older person has minor physical health problems. He is at times slightly confused and currently lives in sheltered accommodation.
15. This scenario is about an 86 year old male. Another professional tells you that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in his own home with a care package.

Appendix 6.1 (Continued) Phase II financial elder abuse case scenarios presented to social care and health professionals

16. This scenario is about a 76 year old male. Another professional tells you there has been a letter from the bank which shows an overdrawn account and other showing bills haven't been paid. This older person has minor physical health problems. He is fully mentally aware and currently lives with family.
17. This scenario is about a 76 year old female. A family member tells you that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has minor physical health problems. She is fully mentally aware and currently lives in her own home.
18. This scenario is about a 66 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.
19. This scenario is about an 86 year old man. A family member tells you that no change had been given after the shopping was done for him. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in residential care.
20. This scenario is about a 76 year old female. You notice the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has no physical health problems. She is extremely confused and forgetful and currently lives with family.
21. This scenario is about an 86 year old female. You notice there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has major physical health problems. She is fully mentally aware and currently lives in her own home with a care package.
22. This scenario is about an 86 year old male. Another professional tells you the Lasting Power of Attorney is now managing his finances and money is missing from his current account. This older person has no physical health problems. He is at times slightly confused and currently lives in his own home.
23. This scenario is about an 86 year old female. This older person has no physical health problems. She is at times slightly confused and currently lives with family.
24. This scenario is about a 76 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. He is at times slightly confused and currently lives in a nursing home.
25. This scenario is about a 66 year old female. You notice that Lasting Power of Attorney is now managing her finances and money is missing from her account. This older person has minor physical health problems. She is fully mentally aware and currently lives in her own home.
26. This scenario is about a 96 year old male. His friend tells you building work was recently paid for and hasn't been carried out. This older person has major physical health problems. He is fully mentally aware and currently lives with family.
27. This scenario is about an 86 year old male. You notice that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has major physical health problems. He is extremely confused and forgetful and currently lives with family.
28. This scenario is about a 66 year old male. A family member tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has major physical health problems. He is at times slightly confused and currently lives in his own home.
29. This scenario is about a 76 year old female. Her friend tells you that no change had been given after the shopping was done for her. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in sheltered accommodation.
30. This scenario is about a 66 year old female. Her friend tells you building work was recently paid for and hasn't been carried out. This older person has minor physical health problems. She is at times slightly confused and currently lives in her own home with a care package.

Appendix 6.1 (Continued) Phase II financial elder abuse case scenarios presented to social care and health professionals

31. This scenario is about an 86 year old female. Her friend tells you the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has major physical health problems. She is fully mentally aware and currently lives in residential care.
32. This scenario is about a 96 year old female. She tells you herself there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in residential care.
33. This scenario is about a 76 year old male. His friend tells you that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has no physical health problems. He is fully mentally aware and currently lives in his own home.
34. This scenario is about a 96 year old female. You notice that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has minor physical health problems. She is at times slightly confused and currently lives in sheltered accommodation.
35. This scenario is about a 96 year old male. Another professional tells you that no change had been given after the shopping was done for him. This older person has no physical health problems. He is at times slightly confused and currently lives in his own home.
36. This scenario is about a 76 year old male. This older person has no physical health problems. He is at times slightly confused and currently lives in sheltered accommodation.
37. This scenario is about an 86 year old female. You notice the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home.
38. This scenario is about a 76 year old male. You notice that no change had been given after the shopping was done for him. This older person has no physical health problems. He is fully mentally aware and currently lives in his own home.
39. This scenario is about a 96 year old female. This older person has major physical health problems. She is at times slightly confused and currently lives in residential care.
40. This scenario is about a 76 year old male. He tells you himself that no change had been given after the shopping was done for him. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.
41. This scenario is about a 76 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. He is extremely confused and forgetful and currently lives with family.
42. This scenario is about a 76 year old male. You notice building work has recently been paid for and hasn't been carried out. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in his own home with a care package.
43. This scenario is about a 96 year old female. A family member tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has minor physical health problems. She is extremely confused and forgetful and currently lives in residential care.
44. This scenario is about a 66 year old female. This older person has minor physical health problems. She is fully mentally aware and currently lives with family.
45. This scenario is about a 66 year old male. This older person has major physical health problems. He is at times slightly confused and currently lives in residential care.

Appendix 6.1 (Continued) Phase II financial elder abuse case scenarios presented to social care and health professionals

Repeats = scenarios 46 – 60:

46. This scenario is about a 66 year old male. His friend tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in a nursing home.
47. This scenario is about an 86 year old female. You notice there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has major physical health problems. She is fully mentally aware and currently lives in her own home with a care package.
48. This scenario is about a 96 year old female. A family member tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has minor physical health problems. She is extremely confused and forgetful and currently lives in residential care.
49. This scenario is about a 76 year old female. You notice the Lasting Power of Attorney is now managing finances. This older person has no physical health problems. She is extremely confused and forgetful and currently lives with family.
50. This scenario is about an 86 year old female. You notice the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home.
51. This scenario is about an 86 year old male. You notice that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has major physical health problems. He is extremely confused and forgetful and currently lives with family.
52. This scenario is about a 66 year old female. A family member tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home with a care package.
53. This scenario is about a 66 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.
54. This scenario is about a 76 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. He is extremely confused and forgetful and currently lives with family.
55. This scenario is about an 86 year old female. You notice that no change has been given after the shopping was done for her. This older person has major physical health problems. She is at times slightly confused and currently lives in a nursing home.
56. This scenario is about a 96 year old male. Another professional tells you that no change had been given after the shopping was done for him. This older person has no physical health problems. He is at times slightly confused and currently lives in his own home.
57. This scenario is about an 86 year old male. You notice building work was recently paid for and hasn't been carried out. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in his own home.
58. This scenario is about a 66 year old female. This older person has minor physical health problems. She is fully mentally aware and currently lives with family.
59. This scenario is about a 66 year old male. This older person has major physical health problems. He is at times slightly confused and currently lives in residential care.
60. This scenario is about an 86 year old female. This older person has no physical health problems. She is at times slightly confused and currently lives with family.

Appendix 6.1 (Continued) Phase II financial elder abuse case scenarios presented to social care and health professionals

61. This scenario is about a 66 year old male. He tells you himself that a relative has objected to the house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is at times slightly confused and currently lives in his own home.
62. This scenario is about an 86 year old female. Another professional tells you that a relative has objected to the house being sold to pay for her care needs because of the impact on inheritance. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home with a care package.
63. This scenario is about a 76 year old male. A family member tells you that a relative has objected to the house being sold to pay for his care needs because of the impact on inheritance. This older person has minor physical health problems. He is fully mentally aware and currently lives in sheltered accommodation.
64. This scenario is about a 96 year old female. You notice that a relative has objected to the house being sold to pay for her care needs because of the impact on inheritance. This older person has major physical health problems. She is at times slightly confused and currently lives in her own home with a care package.
65. This scenario is about a 96 year old male. A friend tells you that a relative has objected to the house being sold to pay for his care needs because of the impact on inheritance. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.

Appendix 6.2 Phase II financial elder abuse case scenarios presented to banking professionals

1. This scenario is about an 86 year old female. You notice that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has minor physical health problems. She is at times slightly confused and is in charge of her own money.
2. This scenario is about an 86 year old female. A family member tells you that this older person's bank account is overdrawn and she does not know why. This older person has major physical health problems. She is extremely confused and forgetful and has a Lasting Power of Attorney managing her finances.
3. This scenario is about a 96 year old male. A family member tells you that a third party who visits the bank with this older person seems to be manipulating him. This older person has no physical health problems. He is extremely confused and forgetful and is in charge of his own money.
4. This scenario is about a 76 year old male. Another member of staff tells you that this older person's bank account is overdrawn and he does not know why. This older person has minor physical health problems. He is at times slightly confused and has a third party signatory for his bank account.
5. This scenario is about a 76 year old male. A carer tells you that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is extremely confused and forgetful and is in charge of his own money.
6. This scenario is about an 86 year old female. A carer tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. She is fully mentally aware and has a third party signatory for her bank account.
7. This scenario is about a 96 year old female. A family member tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has major physical health problems. She is at times slightly confused and is in charge of her own money.
8. This scenario is about an 86 year old male. You notice that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. He is extremely confused and forgetful and is in charge of his own money.
9. This scenario is about a 76 year old female. A family member tells you that this older person's bank account is overdrawn and she does not know why. This older person has minor physical health problems. She is fully mentally aware and is in charge of her own money.
10. This scenario is about a 96 year old male. Another member of staff tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has major physical health problems. He is fully mentally aware and has a third party signatory for his bank account.
11. This scenario is about a 96 year old female. A family member tells you that this older person's bank account is overdrawn and she does not know why. This older person has no physical health problems. She is fully mentally aware and is in charge of her own money.
12. This scenario is about a 96 year old female. You notice that this older person's cash withdrawal was out of the ordinary for her routine. This older person has minor physical health problems. She is extremely confused and forgetful and has a third party signatory for her bank account.
13. This scenario is about a 66 year old male. A family member tells you that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has no physical health problems. He is extremely confused and forgetful and has a third party signatory for his bank account.

Appendix 6.2 (Continued) Phase II financial elder abuse case scenarios presented to banking professionals

14. This scenario is about a 66 year old female. A carer tells you that this older person's bank account is overdrawn and she does not know why. This older person has no physical health problems. She is extremely confused and forgetful and has a third party signatory for her bank account.
15. This scenario is about an 86 year old male. A carer tells you that a third party who visits the bank with this older person seems to be manipulating him. This older person has minor physical health problems. He is fully mentally aware and has a Lasting Power of Attorney managing his finances.
16. This scenario is about a 76 year old male. A family member tells you that this older person's cash withdrawal was out of the ordinary for his routine. This older person has no physical health problems. He is fully mentally aware and is in charge of his own money.
17. This scenario is about a 66 year old female. A family member tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has minor physical health problems. She is fully mentally aware and has a Lasting Power of Attorney managing her finances.
18. This scenario is about an 86 year old male. Another member of staff tells you that this older person's bank account is overdrawn and he does not know why. This older person has major physical health problems. He is fully mentally aware and is in charge of his own money.
19. This scenario is about a 66 year old male. You notice that this older person's bank account is overdrawn and he does not know why. This older person has no physical health problems. He is fully mentally aware and is in charge of his own money.
20. This scenario is about an 86 year old male. This older person has no physical health problems. He is at times slightly confused and has a third party signatory for his bank account.
21. This scenario is about a 76 year old male. You notice that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. He is fully mentally aware and has a Lasting Power of Attorney managing his finances.
22. This scenario is about a 76 year old female. You notice that a third party who visits the bank with this older person seems to be manipulating her. This older person has major physical health problems. She is fully mentally aware and has a third party signatory for her bank account.
23. This scenario is about a 66 year old male. Another member of staff tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has minor physical health problems. He is extremely confused and forgetful and is in charge of his own money.
24. This scenario is about a 96 year old male. This older person has minor physical health problems. He is fully mentally aware and is in charge of his own money.
25. This scenario is about a 66 year old female. This older person has major physical health problems. She is fully mentally aware and is in charge of her own money.
26. This scenario is about a 76 year old female. A carer tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. She is at times slightly confused and is in charge of her own money.
27. This scenario is about an 86 year old female. Another member of staff tells you that this older person's cash withdrawal was out of the ordinary for her routine. This older person has no physical health problems. She is fully mentally aware and is in charge of her own money.
28. This scenario is about a 66 year old male. A carer tells you that this older person's cash withdrawal was out of the ordinary for his routine. This older person has major physical health problems. He is at times slightly confused and has a Lasting Power of Attorney managing his finances.
29. This scenario is about a 96 year old male. You notice that this older person's bank account is overdrawn and he does not know why. This older person has no physical health problems. He is at times slightly confused and has a Lasting Power of Attorney managing his finances.

Appendix 6.2 (Continued) Phase II financial elder abuse case scenarios presented to banking professionals

30. This scenario is about a 96 year old female. Another member of staff tells you that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has major physical health problems. She is fully mentally aware and has a Lasting Power of Attorney managing her finances.
31. This scenario is about a 66 year old female. Another member of staff tells you that a third party who visits the bank with this older person seems to be manipulating her. This older person has no physical health problems. She is at times slightly confused and is in charge of her own money.
32. This scenario is about a 76 year old female. This older person has no physical health problems. She is extremely confused and forgetful and has a Lasting Power of Attorney managing her finances.
33. This scenario is about a 76 year old male. You notice that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is at times slightly confused and has a third party signatory for his bank account.
34. This scenario is about a 66 year old female. You notice that this older person's cash withdrawal was out of the ordinary for her routine. This older person has minor physical health problems. She is at times slightly confused and has a third party signatory for her bank account.
35. This scenario is about a 96 year old female. Another member of staff tells you that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has major physical health problems. She is at times slightly confused and has a Lasting Power of Attorney managing her finances.

Repeats (scenarios 36-46):

36. This scenario is about an 86 year old female. You notice that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has minor physical health problems. She is at times slightly confused and is in charge of her own money.
37. This scenario is about a 76 year old male. Another member of staff tells you that this older person's bank account is overdrawn and he does not know why. This older person has minor physical health problems. He is at times slightly confused and has a third party signatory for his bank account.
38. This scenario is about a 96 year old female. A family member tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has major physical health problems. She is at times slightly confused and is in charge of her own money.
39. This scenario is about a 66 year old male. Another member of staff tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has minor physical health problems. He is extremely confused and forgetful and is in charge of his own money.
40. This scenario is about a 66 year old female. A carer tells you that this older person's bank account is overdrawn and she does not know why. This older person has no physical health problems. She is extremely confused and forgetful and has a third party signatory for her bank account.
41. This scenario is about a 96 year old female. You notice that this older person's cash withdrawal was out of the ordinary for her routine. This older person has minor physical health problems. She is extremely confused and forgetful and has a third party signatory for her bank account.

Appendix 6.2 (Continued) Phase II financial elder abuse case scenarios presented to banking professionals

42. This scenario is about a 76 year old male. A carer tells you that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is extremely confused and forgetful and is in charge of his own money.
43. This scenario is about a 96 year old male. A family member tells you that a third party who visits the bank with this older person seems to be manipulating him. This older person has no physical health problems. He is extremely confused and forgetful and is in charge of his own money.
44. This scenario is about a 76 year old female. A carer tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. She is at times slightly confused and is in charge of her own money.
45. This scenario is about a 96 year old male. You notice that this older person's bank account is overdrawn and he does not know why. This older person has no physical health problems. He is at times slightly confused and has a Lasting Power of Attorney managing his finances.
46. This scenario is about a 76 year old male. You notice that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is at times slightly confused and has a third party signatory for his bank account.

Appendix 6.3 Phase II participant sample ethnicity details

Phase II participant sample – Breakdown of ethnicity categories

Ethnicity categories	Frequency (n)		
	Social care	Health	Banking
White – Welsh / English / Scottish / Northern Irish / British	62	66	35
Other:			
White – Irish	-	2	-
Other White	2	-	-
Other mixed background	-	1	1
Asian / Asian British	-	1	-
Indian	-	2	-
Pakistani	-	1	-
Chinese	-	2	-
Black British	1	3	-
Other ethnic group	3	4	-
Caribbean	1	-	-
Missing data	1	-	34

Appendix 6.4 Phase II recruitment letter

Detecting and preventing financial abuse of older adults: research information

Further research is being conducted to investigate financial abuse of older people. You may have taken part in research in this area early last year. This is the next phase of the same project, looking in more detail at how decisions are made when financial abuse is suspected.

Anyone who is interested in the topic of financial elder abuse is invited to participate. You are also welcome to be involved if you took part in the first phase of the research. Participation will involve viewing some short scenarios on an internet website. The task involves making judgements such as how certain you are that financial abuse is taking place in each scenario, as well as some additional judgements. The task will take 30 - 45 minutes to complete.

Taking part is voluntary, and you can withdraw at any time. As a gesture of thanks, participants will be given a £20 Amazon gift-voucher on completion of the task.

A leaflet about the project with more detailed information about taking part is attached, and if you have any questions, please email Miranda.Davies@brunel.ac.uk If you would like to take part in the research, please visit the project website at the address shown below and you can take part straight away.

http://cisbic.bioinformatics.ic.ac.uk/elder/

Many thanks,

Miranda Davies
PhD Researcher
Brunel Institute for Ageing Studies
Brunel University

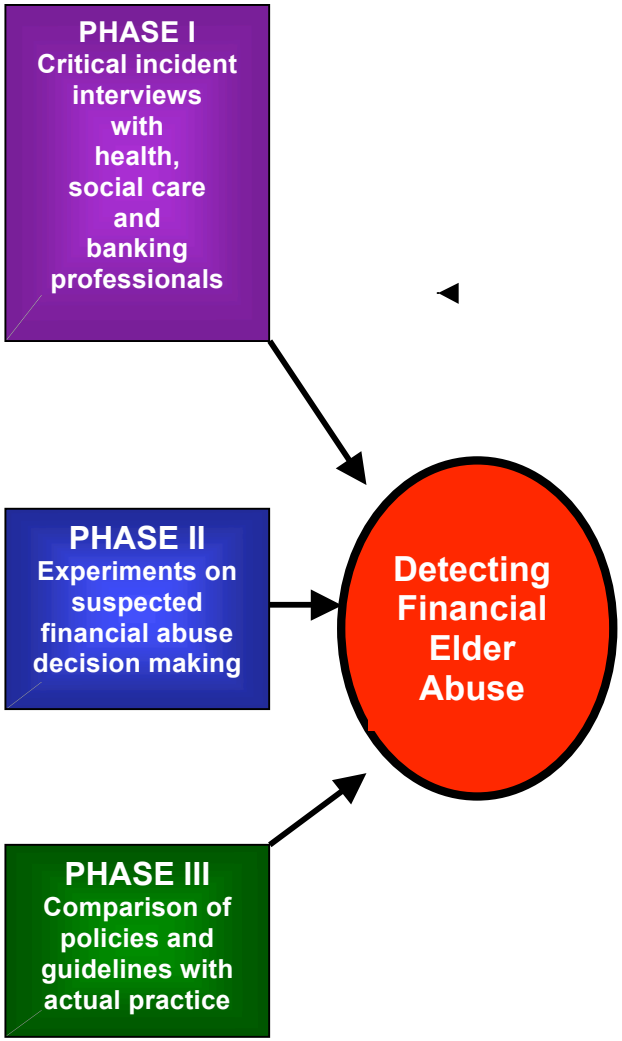
Appendix 6.5 Phase II participant information sheet

Research Project

Information Sheet
for
Social Professionals

Detecting and preventing financial abuse of older adults

An examination of decision making by managers and professionals in health, social care, and banking



Brunel Institute for Ageing Studies

Brunel UNIVERSITY WEST LONDON

Grant Holders:

Prof Mary Gilhooly	Brunel University
Dr Priscilla Harries	Brunel University
Prof Ken Gilhooly	Hertfordshire University
Prof C Hennessy	Plymouth University
Dr Tony Gilbert	Plymouth University
Prof David Stanley	Northumbria University
Ms Bridget Penhale	Sheffield University

Research Fellow:

Debbie Cairns

Administrative Assistant:

Andrea Whitehead

PhD Students:

Miranda Davies
Libby Notley

Partners:

Action on Elder Abuse
British Association of Social Workers
Help the Aged
HSBC
North Tyneside Council
Relatives and Residents Association
Peninsula Care Sector Group
Peninsula Primary Care Research Network

If you have any concerns about the research conduct of this study please contact the principle investigator:

Professor Mary Gilhooly
Director
Brunel Institute for Ageing Studies
School of Health Sciences & Social Care
Brunel University
Uxbridge, UB8 3PH, UK
mary.gilhooly@brunel.ac.uk

Detecting and preventing financial abuse of older adults

An examination of decision making by managers and professionals in health, social care, and banking

What is the aim of this study?

The aim is to investigate how different professional groups make decisions when they suspect financial elder abuse is taking place.

Who is funding this research?

This project is funded by the cross council New Dynamics of Ageing Programme, and is administered by the Economic and Social Research Council (ESRC).

Who is doing this study?

This study is being conducted by an interdisciplinary team of researchers from five universities. The list of the grant holders can be seen on the back. The project researchers collecting data are Miranda Davies, Debbie Cairns and Libby Notley.

Who is being asked to take part?

Social Care professionals from across England have been invited to participate.

Taking part in the study requires an interest in the topic of financial abuse of older people.

What happens if I don't want to take part or change my mind about taking part?

Taking part is voluntary. You can withdraw at any time without consequence or pressure personally or professionally.

Will I be paid to take part in this study?

As a gesture of thanks, participants will be given a £20 Amazon gift-voucher on completion of the task.

What methods are being used?

On accessing the website, you will be asked to read a number of short case scenarios and make certain judgements, including whether or not you think financial abuse is occurring. This task will be carried out online and should take a maximum of 30 minutes to complete.

When is the study taking place?

This phase will begin in January 2010.

Does this study have ethical approval?

Yes. This study has NHS research ethics approval from the South West Research Ethics Committee. The study also has ethics approval from Brunel University.

Is the information confidential?

Yes. All the data collected in this study are treated as highly confidential.

All raw data will be held in a secure location, in accordance with the Data Protection Act (1998), and will be disposed of after 10 years to allow maximum research publication opportunities.

How will the Research be used?

Research findings will be reported in the public sector, as well as through submission to relevant journal publications.

Participants' contact details will not be divulged to anyone outside this project.

The research is focused on the decision making process, rather than evaluation of actual decisions made. As such, negligent practice issues are likely to be only minimal risk. In the event of any researcher concerns, the principle investigator will be consulted.

Is information I provide reported anonymously?

Yes. Your individual will *never* be revealed.

Who can I talk to after the study if I have anything to follow-up on?

The project researcher will be happy to address any follow-up issues you might have after the research.

Internal sources for follow-up can also be identified for you, such as your line manager.

Who should I contact for information?

If you would like further information about this study or would like to take part, please contact:

Project researcher: Miranda Davies (Miranda.Davies@brunel.ac.uk) *or* Dr Priscilla Harries (Priscilla.Harries@brunel.ac.uk).

nda PROGRAMME
new dynamics of ageing
a cross-council research programme

Appendix 6.6 Phase II demographic information form

Financial Elder Abuse Project

Your Details

Please supply the following details about yourself

Age	25
Sex	Female
Job Role	
Employer	Council
Number of years in current job role	0
Number of years in this type of work	0
Ethnicity	White – Welsh / English / Scottish / Northern Irish / British
Email Address	
Confirm that results CAN be used for research (Tick the box to agree)	☐ Data Protection Act 1998 : I agree to have my details and results stored in an electronic database and used for the purposes of academic research
Submit	Submit

Appendix 6.7 Phase II task instructions

Instructions

The case scenarios in this set represent instances you may encounter as part of your work with older people. We would like you to read the scenario information and consider how much risk you think the older person is at. We appreciate that if this was a real case you may wish to collect more information in order to make a fully informed judgement. However, in these cases we are interested in your initial impressions. We would like you to go with your first instinct and not spend too long on each scenario.

On the scenarios, at the bottom of each page, there are scales to mark your judgements. Each scale ranges from low to high. Please use the mouse to move the cursor to the point on the scale that best indicates what you think about the question asked. You may use the whole scale.

Please judge each scenario as if it were a real case and answer the questions as you would when making decisions at work.

The first two scenarios are just for you to get used to the task and after the first two scenarios the main set will be presented to you.

Appendix 6.8 Generating CWS scores in SPSS

This example uses data from one participant's (P6) certainty scores in response to the repeated scenario set to illustrate the steps taken to calculate CWS scores in SPSS.

(1) Calculating discrimination **Step 1:** Calculate the difference between each score and the mean

Scenario	Original	Repeat
1	50	8
2	17	10
3	11	11
4	9	15
5	31	50
6	50	50
7	15	50
8	50	27
9	31	33
10	9	10
11	28	24
12	50	50
13	3	16
14	13	15
15	32	27
Total	**399**	**396**
Mean	**26.6**	**26.4**

Original	Repeat
23.4	-18.4
-9.6	-16.4
-15.6	-15.4
-17.6	-11.4
4.4	23.6
23.4	23.6
-11.6	23.6
23.4	0.6
4.4	6.6
-17.6	-16.4
1.4	-2.4
23.4	23.6
-23.6	-10.4
-13.6	-11.4
5.4	0.6

Step 2: Sum the mean differences for each scenario and square the total.

Scenario	Sum	Total squared
1	5	25
2	-26	676
3	-31	961
4	-29	841
5	28	784
6	47	2209
7	12	144
8	24	576
9	11	121
10	-34	1156
11	-1	1
12	47	2209
13	-34	1156
14	-25	625
15	6	36

Appendix 6.8 (Continued) Generating CWS scores in SPSS

Step 3: Divide each total by sample size minus 1 (15 - 1=14)

Scenario	Total squared	Divided by 14
1	25	1.79
2	676	48.29
3	961	68.64
4	841	60.07
5	784	56.00
6	2209	157.79
7	144	10.29
8	576	41.14
9	121	8.64
10	1156	82.57
11	1	0.07
12	2209	157.79
13	1156	82.57
14	625	44.64
15	36	2.57
Total		**822.86**

Step 4: Calculate the mean by dividing the total by the number of repeated scores

822.86 / 2 = 411.43

(2) Calculating inconsistency **Step 1:** Calculate the difference between each score and the mean

Scenario	Original	Repeat	Total	Mean
1	50	8	58	29
2	17	10	27	13.5
3	11	11	22	11
4	9	15	24	12
5	31	50	81	40.5
6	50	50	100	50
7	15	50	65	32.5
8	50	27	77	38.5
9	31	33	64	32
10	9	10	19	9.5
11	28	24	52	26
12	50	50	100	50
13	3	16	19	9.5
14	13	15	28	14
15	32	27	59	29.5

Original	Repeat
21	-21
3.5	-3.5
0	0
-3	3
-9.5	9.5
0	0
-17.5	17.5
11.5	-11.5
-1	1
-0.5	0.5
2	-2
0	0
-6.5	6.5
-1	1
2.5	-2.5

Appendix 6.8 (Continued) Generating CWS scores in SPSS

Step 2: Square the differences

Scenario	Original	Repeat	Total
1	441	441	882
2	12.25	12.25	24.5
3	0	0	0
4	9	9	18
5	90.25	90.25	180.5
6	0	0	0
7	306.25	306.25	612.5
8	132.25	132.25	264.5
9	1	1	2
10	0.25	0.25	0.5
11	4	4	8
12	0	0	0
13	42.25	42.25	84.5
14	1	1	2
15	6.25	6.25	12.5
Mean			139.43

Step 3: Divide each total by sample size minus 1 (2-1=1 therefore totals stay the same)

Step 4: Calculate the mean of the 15 scores

= 139.43 **CWS = 411.43 / 139.43 = 2.95**

Appendix 7.1 Phase II social care and health professionals' case scenarios in descending order of certainty and likelihood scores

ID	Scenario	Certainty (%)	Likelihood (%)
42	This scenario is about a 76 year old male. You notice building work has recently been paid for and hasn't been carried out. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in his own home with a care package.	77	85
8	This scenario is about an 86 year old male. You notice building work was recently paid for and hasn't been carried out. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in his own home.	75	83
1	This scenario is about a 66 year old female. A family member tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home with a care package.	73	82
18	This scenario is about a 66 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.	73	82
37	This scenario is about an 86 year old female. You notice the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home.	72	80
12	This scenario is about a 66 year old male. Another professional tells you the Lasting Power of Attorney is now managing his finances and money is missing from his current account. This older person has major physical problems. He is extremely confused and forgetful and currently lives in his own home.	71	81
20	This scenario is about a 76 year old female. You notice the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has no physical health problems. She is extremely confused and forgetful and currently lives with family.	69	77
41	This scenario is about a 76 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has no physical health problems. He is extremely confused and forgetful and currently lives with family.	69	78
30	This scenario is about a 66 year old female. Her friend tells you building work was recently paid for and hasn't been carried out. This older person has minor physical health problems. She is at times slightly confused and currently lives in her own home with a care package.	68	77
14	This scenario is about an 86 year old male. He tells you himself the Lasting Power of Attorney is now managing his finances and money is missing from his current account. This older person has minor physical health problems. He is at times slightly confused and currently lives in sheltered accommodation.	65	75
22	This scenario is about an 86 year old male. Another professional tells you the Lasting Power of Attorney is now managing his finances and money is missing from his current account. This older person has no physical health problems. He is at times slightly confused and currently lives in his own home.	65	75
24	This scenario is about a 76 year old male. You notice that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. He is at times slightly confused and currently lives in a nursing home.	65	76
3	This scenario is about a 76 year old female. Another professional tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has minor physical health problems. She is at times slightly confused and currently lives in residential care.	63	73
7	This scenario is about a 66 year old male. His friend tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in a nursing home.	63	77
27	This scenario is about an 86 year old male. You notice that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has major physical health problems. He is extremely confused and forgetful and currently lives with family.	63	73

Appendix 7.1 (Continued) Phase II social care and health professionals' case scenarios in descending order of certainty and likelihood scores

ID	Scenario	Certainty (%)	Likelihood (%)
62	This scenario is about an 86 year old female. Another professional tells you that a relative has objected to the house being sold to pay for her care needs because of the impact on inheritance. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in her own home with a care package.	62	69
65	This scenario is about a 96 year old male. A friend tells you that a relative has objected to the house being sold to pay for his care needs because of the impact on inheritance. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.	62	72
13	This scenario is about an 86 year old female. You notice that no change had been given after the shopping was done for her. This older person has major physical health problems. She is at times slightly confused and currently lives in a nursing home.	61	70
29	This scenario is about a 76 year old female. Her friend tells you that no change had been given after the shopping was done for her. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in sheltered accommodation.	61	71
43	This scenario is about a 96 year old female. A family member tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has minor physical health problems. She is extremely confused and forgetful and currently lives in residential care.	61	76
64	This scenario is about a 96 year old female. You notice that a relative has objected to the house being sold to pay for her care needs because of the impact on inheritance. This older person has major physical health problems. She is at times slightly confused and currently lives in her own home with a care package.	61	68
6	This scenario is about a 76 year old male. He tells you himself that no change was given after the shopping was done for him. This older person has major physical health problems. He is fully mentally aware and currently lives in his own home.	60	67
19	This scenario is about an 86 year old man. A family member tells you that no change had been given after the shopping was done for him. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in residential care.	60	70
26	This scenario is about a 96 year old male. His friend tells you building work was recently paid for and hasn't been carried out. This older person has major physical health problems. He is fully mentally aware and currently lives with family.	60	67
31	This scenario is about an 86 year old female. Her friend tells you the Lasting Power of Attorney is now managing her finances and money is missing from her current account. This older person has major physical health problems. She is fully mentally aware and currently lives in residential care.	60	68
15	This scenario is about an 86 year old male. Another professional tells you that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in his own home with a care package.	59	73
25	This scenario is about a 66 year old female. You notice that Lasting Power of Attorney is now managing her finances and money is missing from her account. This older person has minor physical health problems. She is fully mentally aware and currently lives in her own home.	58	67
35	This scenario is about a 96 year old male. Another professional tells you that no change had been given after the shopping was done for him. This older person has no physical health problems. He is at times slightly confused and currently lives in his own home.	58	68
32	This scenario is about a 96 year old female. She tells you herself there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has no physical health problems. She is extremely confused and forgetful and currently lives in residential care.	57	74
61	This scenario is about a 66 year old male. He tells you himself that a relative has objected to the house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is at times slightly confused and currently lives in his own home.	57	66
40	This scenario is about a 76 year old male. He tells you himself that no change had been given after the shopping was done for him. This older person has no physical health problems. He is extremely confused and forgetful and currently lives in sheltered accommodation.	56	69

Appendix 7.1 (Continued) Phase II social care and health professionals' case scenarios in descending order of certainty and likelihood scores

ID	Scenario	Certainty (%)	Likelihood (%)
28	This scenario is about a 66 year old male. A family member tells you there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has major physical health problems. He is at times slightly confused and currently lives in his own home.	53	69
10	This scenario is about a 76 year old female. You notice there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has no physical health problems. She is at times slightly confused and currently lives in her own home.	52	68
34	This scenario is about a 96 year old female. You notice that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has minor physical health problems. She is at times slightly confused and currently lives in sheltered accommodation.	51	63
5	This scenario is about a 66 year old male. You notice that no change had been given after the shopping was done for him. This older person has no physical health problems. He is fully mentally aware and currently lives in his own home.	49	55
63	This scenario is about a 76 year old male. A family member tells you that a relative has objected to the house being sold to pay for his care needs because of the impact on inheritance. This older person has minor physical health problems. He is fully mentally aware and currently lives in sheltered accommodation.	49	55
4	This scenario is about a 66 year old female. Her friend tells you that recently a change to her Will has been made, leaving all possessions to the cleaner. This older person has major physical health problems. She is fully mentally aware and currently lives in sheltered accommodation.	48	58
38	This scenario is about a 76 year old male. You notice that no change had been given after the shopping was done for him. This older person has no physical health problems. He is fully mentally aware and currently lives in his own home.	48	56
16	This scenario is about a 76 year old male. Another professional tells you there has been a letter form the bank which shows an overdrawn account and other showing bills haven't been paid. This older person has minor physical health problems. He is fully mentally aware and currently lives with family.	46	57
21	This scenario is about an 86 year old female. You notice there has been a letter from the bank which shows an overdrawn account and others showing bills haven't been paid. This older person has major physical health problems. She is fully mentally aware and currently lives in her own home with a care package.	45	60
2	This scenario is about an 86 year old male. He tells you himself that recently a change to his Will has been made, leaving all possessions to the cleaner. This older person has minor physical health problems. He is fully mentally aware and currently lives in his own home.	41	46
17	This scenario is about a 76 year old female. A family member tells you that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has minor physical health problems. She is fully mentally aware and currently lives in her own home.	39	48
33	This scenario is about a 76 year old male. His friend tells you that there is very little money available for day-to-day necessities and the basics in the cupboards are the cheapest of the cheap. This older person has no physical health problems. He is fully mentally aware and currently lives in his own home.	38	48
9	This scenario is about a 76 year old male. This older person has minor physical health problems. He is extremely confused and forgetful and currently lives in a nursing home.	31	33
45	This scenario is about a 66 year old male. This older person has major physical health problems. He is at times slightly confused and currently lives in residential care.	31	32
36	This scenario is about a 76 year old male. This older person has no physical health problems. He is at times slightly confused and currently lives in sheltered accommodation.	30	31
39	This scenario is about a 96 year old female. This older person has major physical health problems. She is at times slightly confused and currently lives in residential care.	30	31
23	This scenario is about an 86 year old female. This older person has no physical health problems. She is at times slightly confused and currently lives with family.	29	29
11	This scenario is about an 86 year old female. This older person has no physical health problems. She is fully mentally aware and currently lives in her own home.	23	19
44	This scenario is about a 66 year old female. This older person has minor physical health problems. She is fully mentally aware and currently lives with family.	21	20

Appendix 7.2 A selection of the individual participant level regression's to predict likelihood of action for the social care and health professionals

			Identifier												Financial problem suspected												Living circumstances											
			Age		Gender		Family		Professional		Subject		Friend		Will change		Stealing		Overdrawn		Rogue traders		Lasting POA		Little money		Care package		With family		Sheltered accomodation		Residential care		Nursing home		Physical capacity		Mental capacity	
ID	R Squared	Constant B	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig	B	Sig
1	62%	73.4	-0.4	0.1	0.0	1.0	-8.7	0.2	-3.7	0.5	0.6	0.9	-11.7	0.0	1.8	0.8	9.3	0.2	6.9	0.4	21.2	0.0	9.5	0.2	6.2	0.4	1.9	0.8	-2.8	0.7	-2.9	0.6	-0.3	1.0	4.8	0.6	2.7	0.3	7.4	0.0
2	60%	100.3	-0.1	0.5	5.3	0.2	-15.2	0.0	-13.8	0.0	-14.8	0.0	-3.6	0.5	-1.7	0.8	-6.1	0.4	-4.9	0.5	-0.3	1.0	-7.7	0.3	-12.3	0.1	3.7	0.6	1.8	0.8	-2.7	0.7	18.3	0.0	-5.0	0.6	-2.1	0.4	2.1	0.4
3	70%	61.0	-0.1	0.8	3.5	0.6	18.1	0.1	5.3	0.6	10.2	0.3	4.0	0.7	7.0	0.6	-42.2	0.0	-9.4	0.4	16.5	0.2	8.9	0.5	-12.6	0.3	4.1	0.7	14.4	0.2	0.2	1.0	0.7	1.0	7.8	0.6	-5.5	0.2	1.0	0.8
4	81%	22.7	-0.3	0.4	-3.8	0.6	-13.8	0.1	6.9	0.4	-5.6	0.5	-7.2	0.4	25.2	0.0	22.0	0.1	21.4	0.1	32.4	0.0	38.1	0.0	13.4	0.2	15.6	0.1	8.6	0.4	11.6	0.2	10.6	0.4	13.5	0.3	-0.8	0.8	19.7	0.0
5	52%	31.1	0.2	0.5	3.1	0.6	-1.9	0.8	-3.1	0.6	-11.5	0.1	3.3	0.6	14.9	0.1	9.6	0.3	10.2	0.3	17.4	0.1	15.4	0.1	-2.5	0.8	5.0	0.5	-3.7	0.6	-8.3	0.2	-1.8	0.8	5.8	0.6	1.3	0.7	3.9	0.2
6	50%	16.9	-0.1	0.8	-0.1	1.0	-15.6	0.1	-2.1	0.8	-4.3	0.7	2.5	0.8	-6.5	0.6	-21.8	0.1	-20.0	0.1	-6.9	0.6	-12.3	0.3	-4.3	0.7	-11.1	0.3	-18.0	0.1	-12.6	0.2	5.2	0.7	-13.0	0.4	10.1	0.0	7.3	0.1
7	75%	60.1	-0.4	0.2	1.6	0.8	5.8	0.6	-3.0	0.8	-11.4	0.3	-7.7	0.4	0.3	1.0	1.1	0.9	-16.4	0.2	16.9	0.2	29.5	0.0	-31.2	0.0	14.7	0.2	11.1	0.3	-0.9	0.9	6.9	0.6	0.3	1.0	-0.9	0.8	12.5	0.0
8	72%	7.7	0.2	0.4	-2.0	0.7	-9.5	0.2	1.3	0.8	-14.9	0.0	-0.4	0.9	12.7	0.1	28.5	0.0	22.1	0.0	21.7	0.0	18.6	0.0	4.9	0.5	4.6	0.5	4.3	0.5	0.6	0.9	-8.9	0.3	-3.6	0.7	4.9	0.1	9.6	0.0
9	76%	-9.4	0.4	0.3	-3.4	0.7	2.8	0.8	11.2	0.3	-10.8	0.3	-6.3	0.5	13.7	0.3	-8.4	0.5	-7.5	0.6	12.5	0.4	31.4	0.0	-0.3	1.0	5.2	0.7	8.9	0.4	8.5	0.4	12.7	0.4	33.4	0.0	3.0	0.5	17.0	0.0
10	67%	59.6	-0.2	0.6	-3.5	0.6	-4.0	0.7	13.9	0.2	-3.8	0.7	2.8	0.8	-9.5	0.5	-16.6	0.2	0.1	1.0	0.1	1.0	5.2	0.7	-10.8	0.4	2.7	0.8	7.9	0.5	12.2	0.2	13.1	0.3	16.2	0.3	3.2	0.5	16.6	0.0
11	78%	-48.1	0.4	0.2	-0.3	1.0	-6.7	0.5	-1.9	0.8	-15.7	0.1	-4.6	0.6	43.8	0.0	40.0	0.0	11.2	0.3	17.3	0.2	44.0	0.0	7.2	0.5	28.7	0.0	-7.0	0.5	-11.0	0.2	7.2	0.6	-5.0	0.7	8.8	0.0	15.7	0.0
12	70%	-19.9	0.1	0.8	-0.5	0.9	-11.9	0.2	-7.4	0.4	1.6	0.9	-4.1	0.6	35.7	0.0	20.8	0.1	23.9	0.1	33.7	0.0	38.9	0.0	12.0	0.3	2.5	0.8	2.5	0.8	-0.4	1.0	3.5	0.8	3.8	0.8	7.6	0.1	15.4	0.0
13	81%	-11.6	0.1	0.8	11.4	0.1	-0.5	1.0	1.4	0.9	-6.7	0.5	6.9	0.4	73.3	0.0	70.6	0.0	64.2	0.0	88.4	0.0	61.6	0.0	37.3	0.0	9.2	0.4	-21.2	0.0	-9.1	0.3	4.8	0.7	-1.3	0.9	1.3	0.8	-0.6	0.9
14	64%	52.4	-0.1	0.6	-1.9	0.7	-3.0	0.7	8.4	0.2	-7.7	0.3	-0.5	0.9	0.2	1.0	-18.9	0.0	-16.0	0.1	12.1	0.3	-7.8	0.4	-30.8	0.0	-9.0	0.3	-0.2	1.0	0.9	0.9	-0.7	0.9	4.4	0.7	1.1	0.7	4.3	0.2
15	54%	84.5	-0.2	0.7	-15.3	0.2	-11.0	0.5	3.1	0.8	-9.7	0.5	-4.6	0.7	-33.8	0.1	-18.6	0.3	-32.6	0.1	-37.0	0.1	-26.6	0.2	-36.8	0.0	-0.7	1.0	-16.7	0.3	12.0	0.4	-24.3	0.2	10.0	0.6	-1.5	0.8	9.8	0.1
16	45%	25.1	0.1	0.7	0.6	0.9	1.6	0.9	-9.8	0.3	-10.9	0.3	-3.6	0.7	17.8	0.2	27.1	0.0	15.8	0.2	34.1	0.0	31.3	0.0	5.3	0.7	12.8	0.3	-3.0	0.8	-0.1	1.0	2.2	0.9	-11.4	0.5	4.5	0.3	3.8	0.4
17	41%	116.6	-0.4	0.2	6.7	0.3	-16.8	0.1	-3.0	0.7	1.2	0.9	3.4	0.7	4.2	0.7	4.8	0.7	-3.7	0.7	2.0	0.9	6.8	0.5	3.5	0.7	8.5	0.4	-0.4	1.0	0.9	0.9	-2.1	0.9	-1.6	0.9	-0.1	1.0	-0.5	0.9
18	50%	48.1	-0.1	0.3	0.5	0.9	1.3	0.8	0.7	0.9	-1.3	0.7	-7.4	0.1	2.6	0.6	5.7	0.2	2.3	0.6	13.6	0.0	6.4	0.2	0.5	0.9	2.9	0.5	6.5	0.1	6.2	0.1	3.8	0.5	3.7	0.5	1.7	0.3	2.1	0.2
19	70%	61.2	0.1	0.8	-14.0	0.0	0.1	1.0	10.6	0.2	7.2	0.5	-2.8	0.7	-4.5	0.7	-12.6	0.3	-1.1	0.9	15.9	0.2	2.0	0.9	-39.5	0.0	-3.3	0.7	-10.4	0.3	12.2	0.2	-8.8	0.5	4.9	0.7	2.9	0.5	10.3	0.0
20	51%	71.0	0.0	0.9	3.0	0.6	-12.2	0.2	-8.4	0.3	-8.5	0.3	-4.4	0.6	-2.9	0.8	-11.6	0.3	-3.1	0.8	-13.5	0.3	-5.5	0.6	-13.1	0.2	6.2	0.5	-3.9	0.7	10.1	0.2	4.8	0.7	-1.7	0.9	1.3	0.7	10.1	0.0
21	81%	23.8	-0.4	0.2	-0.7	0.9	-11.9	0.2	2.9	0.7	-7.8	0.4	-8.3	0.3	11.0	0.3	7.5	0.5	14.9	0.2	16.1	0.2	21.4	0.1	5.6	0.6	-3.0	0.8	-5.0	0.6	2.3	0.8	22.5	0.1	12.9	0.3	4.1	0.3	23.8	0.0
22	48%	81.5	-0.1	0.5	-4.5	0.3	-8.4	0.2	1.0	0.9	-3.7	0.5	2.8	0.6	2.9	0.7	13.6	0.1	5.6	0.4	5.8	0.5	9.1	0.2	11.0	0.1	3.1	0.6	0.6	0.9	-1.8	0.8	3.5	0.7	-4.2	0.6	4.2	0.1	6.8	0.0
23	66%	90.9	-0.4	0.1	-2.4	0.6	1.0	0.9	5.3	0.3	-7.2	0.2	-5.5	0.3	-18.4	0.0	1.6	0.8	0.7	0.9	7.7	0.3	-1.0	0.9	-1.1	0.9	2.3	0.7	-0.5	0.9	8.9	0.1	11.4	0.1	1.5	0.9	1.5	0.5	6.9	0.0
24	69%	17.1	-0.2	0.7	-1.8	0.8	-7.4	0.5	23.0	0.0	5.3	0.6	-5.8	0.6	46.2	0.0	32.7	0.0	42.8	0.0	53.9	0.0	31.8	0.0	34.9	0.0	22.1	0.1	7.4	0.5	16.1	0.1	6.7	0.6	21.2	0.2	0.5	0.9	9.4	0.0
25	69%	23.0	0.3	0.2	4.0	0.3	-8.1	0.2	-2.0	0.7	-3.1	0.6	-2.9	0.6	-3.4	0.6	1.4	0.8	4.7	0.5	-0.2	1.0	5.9	0.4	-8.8	0.2	12.4	0.1	9.3	0.1	5.0	0.4	6.5	0.4	-0.6	0.9	4.2	0.1	8.7	0.0

Appendix 7.3 Social care professionals group level regression analysis: certainty of abuse and likelihood of action

Certainty of abuse (Ave)

Variance explained	90%				
Cue *(Reference cat)*	Category	*B*	*SE B*	t	*p*
(Constant)		44.79	7.07	6.33	0.00
Age		-0.04	0.07	-0.59	0.56
Gender	Female	0.59	1.49	0.40	0.69
Identifier *(You)*	Family	-1.06	2.12	-0.50	0.62
	Professional	-0.84	1.92	-0.44	0.67
	Subject	-1.81	2.07	-0.87	0.39
	Friend	-2.72	1.87	-1.46	0.16
Financial problem suspected *(Relative objecting to house sale)*	Change to Will leaving possessions to cleaner	2.64	2.58	1.02	0.32
	No change after shopping	-2.27	2.47	-0.92	0.37
	Overdrawn account and unpaid bills	-3.65	2.52	-1.45	0.16
	Building work paid for and not carried out	9.98	2.84	3.52	0.00
	Lasting POA managing finances money missing	7.76	2.57	3.02	0.01
	Little money available for necessities	-5.47	2.49	-2.20	0.04
Living circumstances *(Own home)*	Care package	1.54	2.22	0.69	0.50
	With family	1.03	2.16	0.48	0.64
	Sheltered accommodation	0.90	1.98	0.45	0.65
	Residential care	1.73	2.66	0.65	0.52
	Nursing home	3.41	2.97	1.15	0.26
Physical capacity		1.30	0.89	1.46	0.16
Mental capacity		6.99	0.84	8.28	0.00

Likelihood of action (Ave)

Variance explained	87%				
Cue *(Reference cat)*	Category	*B*	*SE B*	t	*p*
(Constant)		53.94	8.42	6.41	0.00
Age		-0.09	0.08	-1.04	0.31
Gender		0.84	1.78	0.47	0.64
Identifier	Family	-1.99	2.53	-0.79	0.44
	Professional	0.42	2.29	0.18	0.86
	Subject	-2.08	2.46	-0.85	0.41
	Friend	-2.27	2.23	-1.02	0.32
Financial problem suspected	Change to Will leaving possessions to cleaner	3.24	3.07	1.06	0.30
	No change after shopping	1.38	2.94	0.47	0.64
	Overdrawn account and unpaid bills	2.89	3.00	0.96	0.35
	Building work paid for and not carried out	10.67	3.38	3.16	0.00
	Lasting POA managing finances money missing	9.43	3.06	3.08	0.01
	Little money available for necessities	-2.16	2.96	-0.73	0.47
Living circumstances	Care package	2.88	2.65	1.09	0.29
	With family	0.21	2.57	0.08	0.93
	Sheltered accommodation	2.89	2.36	1.22	0.23
	Residential care	4.15	3.16	1.31	0.20
	Nursing home	3.56	3.54	1.01	0.32
Physical capacity		1.77	1.06	1.67	0.11
Mental capacity		7.98	1.00	7.95	0.00

Appendix 7.4 Health professionals' group level regression: certainty of abuse and likelihood of action

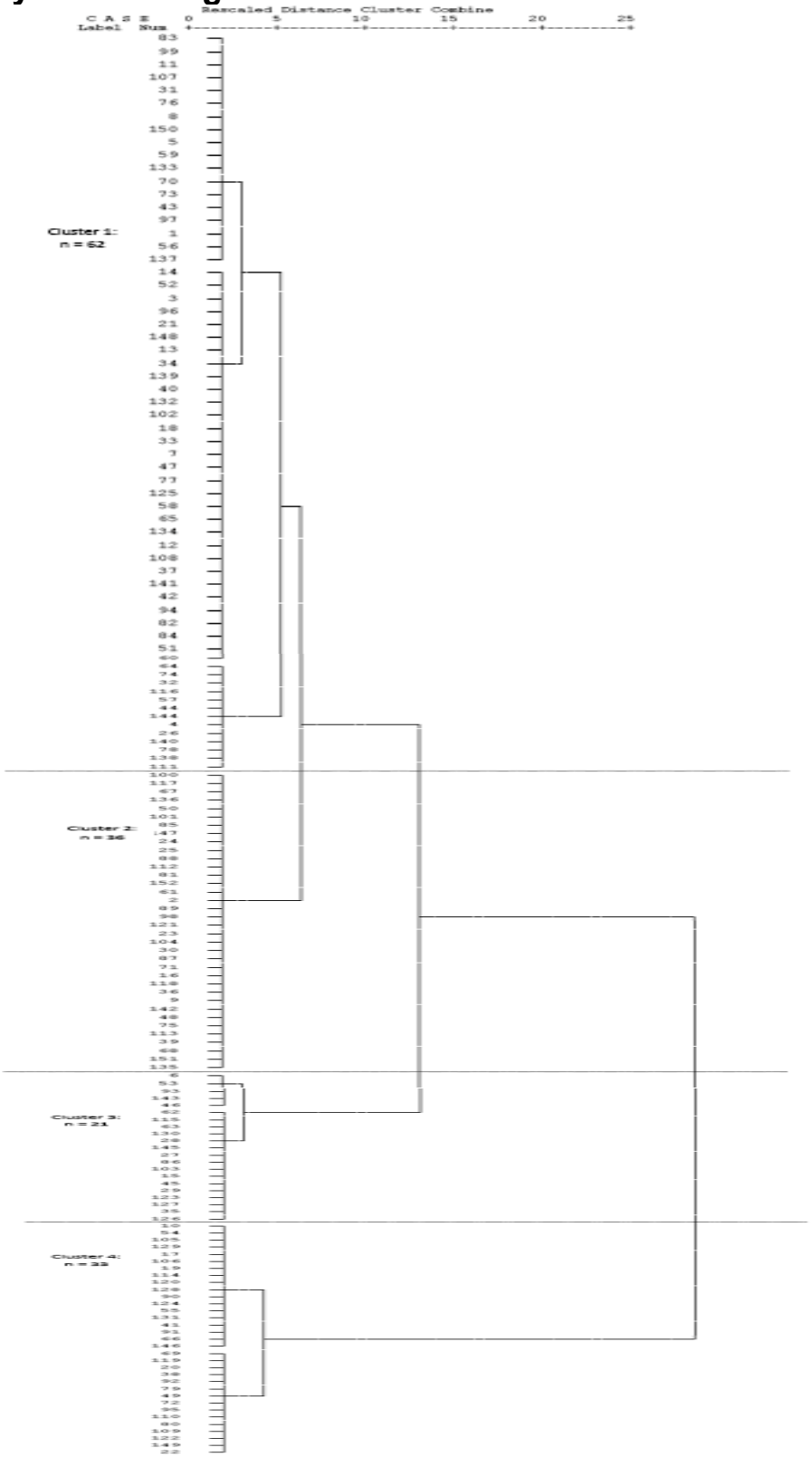
Certainty of abuse (Ave)

Variance explained	88%				
Cue *(Reference category)*	Category	*B*	*SE B*	t	*p*
(Constant)		40.27	9.44	4.26	0.00
Age		-0.06	0.09	-0.62	0.54
Gender		0.88	1.99	0.44	0.66
Identifier	Family	-2.94	2.84	-1.04	0.31
	Professional	-0.75	2.57	-0.29	0.77
	Subject	-4.19	2.76	-1.52	0.14
	Friend	-2.77	2.50	-1.11	0.28
Financial problem suspected	Change to Will leaving possessions to cleaner	3.69	3.44	1.07	0.29
	No change after shopping	3.10	3.29	0.94	0.36
	Overdrawn account and unpaid bills	-5.10	3.37	-1.51	0.14
	Building work paid for and not carried out	10.34	3.79	2.73	0.01
	Lasting POA managing finances money missing	8.43	3.43	2.46	0.02
	Little money available for necessities	-7.26	3.32	-2.18	0.04
Living circumstances	Care package	3.03	2.97	1.02	0.32
	With family	1.29	2.88	0.45	0.66
	Sheltered accommodation	-0.71	2.65	-0.27	0.79
	Residential care	2.15	3.55	0.61	0.55
	Nursing home	2.66	3.97	0.67	0.51
Physical capacity		1.87	1.19	1.57	0.13
Mental capacity		8.28	1.13	7.35	0.00

Likelihood of action (Ave)

Variance explained	88%				
Cue *(Reference cat)*	Category	*B*	*SE B*	t	*p*
(Constant)		39.76	9.39	4.24	0.00
Age		-0.03	0.09	-0.30	0.76
Gender		0.60	1.98	0.30	0.77
Identifier	Family	-3.10	2.82	-1.10	0.28
	Professional	-0.77	2.55	-0.30	0.76
	Subject	-3.63	2.74	-1.32	0.20
	Friend	-2.99	2.48	-1.20	0.24
Financial problem suspected	Change to Will leaving possessions to cleaner	6.79	3.42	1.99	0.06
	No change after shopping	4.15	3.27	1.27	0.22
	Overdrawn account and unpaid bills	4.62	3.35	1.38	0.18
	Building work paid for and not carried out	11.88	3.76	3.16	0.00
	Lasting POA managing finances money missing	10.89	3.41	3.19	0.00
	Little money available for necessities	-1.72	3.30	-0.52	0.61
Living circumstances	Care package	3.20	2.95	1.08	0.29
	With family	-0.81	2.87	-0.28	0.78
	Sheltered accommodation	0.36	2.63	0.14	0.89
	Residential care	1.23	3.53	0.35	0.73
	Nursing home	2.24	3.94	0.57	0.57
Physical capacity		2.02	1.18	1.71	0.10
Mental capacity		9.58	1.12	8.56	0.00

Appendix 7.5 Social care and health professionals' cluster analysis dendrogram



Appendix 8.1 Phase II banking professionals' case scenarios in descending order of certainty of abuse and likelihood of action scores

ID	Scenario	Certainty (%)	Likelihood (%)
8	This scenario is about an 86 year old male. You notice that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. He is extremely confused and forgetful and is in charge of his own money.	84.6	89.27
23	This scenario is about a 66 year old male. Another member of staff tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has minor physical health problems. He is extremely confused and forgetful and is in charge of his own money.	83.4	87.21
7	This scenario is about a 96 year old female. A family member tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has major physical health problems. She is at times slightly confused and is in charge of her own money.	77.96	84.41
26	This scenario is about a 76 year old female. A carer tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. She is at times slightly confused and is in charge of her own money.	77.24	84.37
3	This scenario is about a 96 year old male. A family member tells you that a third party who visits the bank with this older person seems to be manipulating him. This older person has no physical health problems. He is extremely confused and forgetful and is in charge of his own money.	74.81	83.19
10	This scenario is about a 96 year old male. Another member of staff tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has major physical health problems. He is fully mentally aware and has a third party signatory for his bank account.	76.06	82.43
6	This scenario is about an 86 year old female. A carer tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. She is fully mentally aware and has a third party signatory for her bank account.	75.84	81.74
17	This scenario is about a 66 year old female. A family member tells you that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has minor physical health problems. She is fully mentally aware and has a Lasting Power of Attorney managing her finances.	73.6	80.1
31	This scenario is about a 66 year old female. Another member of staff tells you that a third party who visits the bank with this older person seems to be manipulating her. This older person has no physical health problems. She is at times slightly confused and is in charge of her own money.	72.19	79.61
21	This scenario is about a 76 year old male. You notice that this older person has been asked to transfer money into an overseas bank account to claim a cash prize. This older person has no physical health problems. He is fully mentally aware and has a Lasting Power of Attorney managing his finances.	73.64	77.91
22	This scenario is about a 76 year old female. You notice that a third party who visits the bank with this older person seems to be manipulating her. This older person has major physical health problems. She is fully mentally aware and has a third party signatory for her bank account.	72.7	77.39
12	This scenario is about a 96 year old female. You notice that this older person's cash withdrawal was out of the ordinary for her routine. This older person has minor physical health problems. She is extremely confused and forgetful and has a third party signatory for her bank account.	63.67	74.86
13	This scenario is about a 66 year old male. A family member tells you that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has no physical health problems. He is extremely confused and forgetful and has a third party signatory for his bank account.	68.27	73.3
5	This scenario is about a 76 year old male. A carer tells you that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is extremely confused and forgetful and is in charge of his own money.	65.39	73.1
15	This scenario is about an 86 year old male. A carer tells you that a third party who visits the bank with this older person seems to be manipulating him. This older person has minor physical health problems. He is fully mentally aware and has a Lasting Power of Attorney managing his finances.	66.93	72.64

Appendix 8.1 (Continued) Phase II banking professionals' case scenarios in descending order of certainty of abuse and likelihood of action scores

ID	Scenario	Certainty (%)	Likelihood (%)
33	This scenario is about a 76 year old male. You notice that a relative has objected to this older person's house being sold to pay for his care needs because of the impact on inheritance. This older person has major physical health problems. He is at times slightly confused and has a third party signatory for his bank account.	64.83	69.64
1	This scenario is about an 86 year old female. You notice that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has minor physical health problems. She is at times slightly confused and is in charge of her own money.	64.4	68.69
2	This scenario is about an 86 year old female. A family member tells you that this older person's bank account is overdrawn and she does not know why. This older person has major physical health problems. She is extremely confused and forgetful and has a Lasting Power of Attorney managing her finances.	53.29	68.59
14	This scenario is about a 66 year old female. A carer tells you that this older person's bank account is overdrawn and she does not know why. This older person has no physical health problems. She is extremely confused and forgetful and has a third party signatory for her bank account.	55.81	68.43
34	This scenario is about a 66 year old female. You notice that this older person's cash withdrawal was out of the ordinary for her routine. This older person has minor physical health problems. She is at times slightly confused and has a third party signatory for her bank account.	55.86	65.06
4	This scenario is about a 76 year old male. Another member of staff tells you that this older person's bank account is overdrawn and he does not know why. This older person has minor physical health problems. He is at times slightly confused and has a third party signatory for his bank account.	54.06	64.17
28	This scenario is about a 66 year old male. A carer tells you that this older person's cash withdrawal was out of the ordinary for his routine. This older person has major physical health problems. He is at times slightly confused and has a Lasting Power of Attorney managing his finances.	53.03	62.49
29	This scenario is about a 96 year old male. You notice that this older person's bank account is overdrawn and he does not know why. This older person has no physical health problems. He is at times slightly confused and has a Lasting Power of Attorney managing his finances.	48.49	61.26
35	This scenario is about a 96 year old female. Another member of staff tells you that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has major physical health problems. She is at times slightly confused and has a Lasting Power of Attorney managing her finances.	61.21	60.84
30	This scenario is about a 96 year old female. Another member of staff tells you that a relative has objected to this older person's house being sold to pay for her care needs because of the impact on inheritance. This older person has major physical health problems. She is fully mentally aware and has a Lasting Power of Attorney managing her finances.	58.86	60.5
18	This scenario is about an 86 year old male. Another member of staff tells you that this older person's bank account is overdrawn and he does not know why. This older person has major physical health problems. He is fully mentally aware and is in charge of his own money.	35.26	48.76
27	This scenario is about an 86 year old female. Another member of staff tells you that this older person's cash withdrawal was out of the ordinary for her routine. This older person has no physical health problems. She is fully mentally aware and is in charge of her own money.	35.8	46.31
16	This scenario is about a 76 year old male. A family member tells you that this older person's cash withdrawal was out of the ordinary for his routine. This older person has no physical health problems. He is fully mentally aware and is in charge of his own money.	36.09	45.53
9	This scenario is about a 76 year old female. A family member tells you that this older person's bank account is overdrawn and she does not know why. This older person has minor physical health problems. She is fully mentally aware and is in charge of her own money.	33.94	45.46
19	This scenario is about a 66 year old male. You notice that this older person's bank account is overdrawn and he does not know why. This older person has no physical health problems. He is fully mentally aware and is in charge of his own money.	34	44.59

Appendix 8.1 (Continued) Phase II banking professionals' case scenarios in descending order of certainty of abuse and likelihood of action scores

ID	Scenario	Certainty (%)	Likelihood (%)
11	This scenario is about a 96 year old female. A family member tells you that this older person's bank account is overdrawn and she does not know why. This older person has no physical health problems. She is fully mentally aware and is in charge of her own money.	31.69	42.21
20	This scenario is about an 86 year old male. This older person has no physical health problems. He is at times slightly confused and has a third party signatory for his bank account.	25.74	29.04
32	This scenario is about a 76 year old female. This older person has no physical health problems. She is extremely confused and forgetful and has a Lasting Power of Attorney managing her finances.	23.77	28.96
25	This scenario is about a 66 year old female. This older person has major physical health problems. She is fully mentally aware and is in charge of her own money.	15.99	17.01
24	This scenario is about a 96 year old male. This older person has minor physical health problems. He is fully mentally aware and is in charge of his own money.	15.21	14.4

Appendix 8.2 A selection of the individual participant level regression's to predict certainty of abuse for the banking professionals

ID	R squared	Constant B	Age B	Age Sig	Gender B	Gender Sig	Staff Member B	Staff Member Sig	Family B	Family Sig	Carer B	Carer Sig	Third party manipulation B	Third party manipulation Sig	Relative inheritance B	Relative inheritance Sig	Overseas cash prize B	Overseas cash prize Sig	Overdrawn account B	Overdrawn account Sig	Signatory B	Signatory Sig	POA B	POA Sig	Physical capacity B	Physical capacity Sig	Mental capacity B	Mental capacity Sig
1	88%	71.3	-0.2	0.1	-1.3	0.7	-7.8	0.1	-1.7	0.7	-4.0	0.4	22.5	0.0	5.1	0.3	36.0	0.0	-0.1	1.0	3.8	0.3	-5.3	0.2	0.3	0.9	3.4	0.1
2	90%	33.1	-0.2	0.4	-1.0	0.8	-5.0	0.4	-3.9	0.5	-1.1	0.9	44.0	0.0	37.8	0.0	49.0	0.0	-3.2	0.7	9.7	0.1	22.4	0.0	3.4	0.3	11.9	0.0
3	72%	17.0	0.1	0.5	-0.8	0.9	-6.5	0.3	-3.7	0.6	6.1	0.3	25.4	0.0	19.6	0.0	29.9	0.0	27.5	0.0	1.7	0.8	6.0	0.3	3.4	0.3	9.7	0.0
4	75%	33.1	0.3	0.1	-2.6	0.6	0.8	0.9	-9.5	0.1	-7.6	0.3	4.0	0.6	-35.5	0.0	4.2	0.5	-0.7	0.9	10.7	0.1	-0.6	0.9	2.6	0.4	5.1	0.1
5	85%	12.3	0.2	0.0	0.7	0.7	5.7	0.0	-1.3	0.6	5.5	0.1	8.3	0.0	-1.6	0.6	5.9	0.1	-6.1	0.0	3.0	0.2	4.5	0.1	1.4	0.3	6.5	0.0
6	90%	62.3	-0.1	0.8	-4.7	0.3	9.0	0.2	-4.7	0.5	-0.3	1.0	18.1	0.1	-34.3	0.0	21.5	0.0	-38.6	0.0	20.5	0.0	12.6	0.1	-3.3	0.3	10.8	0.0
7	87%	63.9	-0.1	0.4	-4.5	0.2	-2.3	0.6	-1.8	0.7	-0.9	0.9	35.2	0.0	29.4	0.0	31.8	0.0	0.2	1.0	7.4	0.1	11.9	0.0	1.3	0.6	4.2	0.1
8	64%	-15.1	0.0	1.0	6.1	0.6	3.6	0.8	5.1	0.8	15.1	0.4	27.1	0.2	58.3	0.0	36.1	0.1	-12.5	0.5	16.5	0.3	12.8	0.4	9.8	0.2	2.7	0.7
9	94%	68.3	-0.2	0.3	1.6	0.7	5.3	0.3	9.6	0.1	1.0	0.9	49.0	0.0	37.7	0.0	56.7	0.0	-11.5	0.1	-2.3	0.6	-13.9	0.0	-2.0	0.4	-3.6	0.2
10	51%	35.5	0.2	0.3	1.6	0.7	-4.9	0.3	-5.4	0.3	1.1	0.8	1.1	0.9	-5.6	0.4	-7.5	0.2	-8.6	0.1	1.2	0.8	-4.8	0.3	-1.1	0.6	4.9	0.0
11	74%	27.6	0.0	1.0	-22.3	0.0	-2.3	0.8	-11.1	0.4	3.2	0.8	27.6	0.1	43.7	0.0	31.7	0.0	-17.3	0.2	13.9	0.2	13.9	0.2	2.6	0.7	3.7	0.5
12	60%	111.6	-0.7	0.1	-9.3	0.4	-10.4	0.5	7.1	0.6	-16.2	0.3	0.4	1.0	-38.7	0.0	-18.5	0.2	-40.4	0.0	6.1	0.6	-14.7	0.3	5.4	0.4	9.7	0.1
13	92%	64.4	-0.1	0.7	0.5	0.9	0.0	1.0	3.0	0.4	-6.2	0.1	10.9	0.0	-5.7	0.2	40.6	0.0	1.9	0.7	9.1	0.0	4.6	0.2	-3.1	0.1	0.9	0.6
14	70%	15.8	0.0	0.9	7.4	0.2	-12.6	0.1	5.4	0.5	-4.3	0.6	22.3	0.1	-8.7	0.4	32.5	0.0	3.6	0.7	7.7	0.3	-1.2	0.9	5.6	0.2	6.5	0.1
15	50%	45.9	0.1	0.6	0.5	0.9	2.5	0.6	0.8	0.9	-3.5	0.4	3.3	0.6	1.7	0.8	6.3	0.2	-6.0	0.2	1.3	0.7	8.2	0.1	-0.5	0.8	3.0	0.1
16	89%	-12.8	0.2	0.2	2.8	0.5	0.2	1.0	-18.4	0.0	-13.1	0.0	-7.2	0.3	-4.7	0.5	11.5	0.1	-3.2	0.6	13.7	0.0	5.7	0.3	3.4	0.2	24.6	0.0
17	86%	-7.6	0.5	0.0	-0.5	0.9	10.2	0.1	5.7	0.3	6.7	0.3	34.0	0.0	9.5	0.2	26.9	0.0	-12.3	0.1	7.9	0.1	6.5	0.2	-0.2	0.9	4.0	0.1
18	87%	60.3	-0.3	0.3	-2.5	0.7	-8.3	0.3	0.1	1.0	-8.6	0.3	33.4	0.0	-4.4	0.7	55.3	0.0	-11.4	0.2	0.4	1.0	-13.7	0.1	3.3	0.4	1.2	0.7
19	85%	93.2	-0.2	0.3	2.5	0.6	5.7	0.3	4.2	0.5	3.4	0.6	5.1	0.5	-13.9	0.1	12.6	0.1	-37.8	0.0	6.0	0.3	2.1	0.7	-1.9	0.5	2.5	0.4
20	76%	9.4	0.0	0.9	1.4	0.8	-5.7	0.4	2.7	0.7	-2.9	0.7	36.5	0.0	17.1	0.1	32.7	0.0	-2.1	0.8	7.7	0.2	1.3	0.8	3.1	0.3	5.7	0.1
21	94%	-17.4	0.4	0.0	-2.0	0.6	0.7	0.9	3.8	0.5	-6.6	0.3	52.2	0.0	-15.3	0.0	56.8	0.0	-7.9	0.2	10.1	0.1	13.3	0.0	-2.9	0.3	8.7	0.0
22	73%	-19.9	0.0	1.0	-11.6	0.2	7.6	0.5	6.9	0.6	24.8	0.1	11.0	0.5	-0.5	1.0	21.5	0.1	-1.2	0.9	30.7	0.0	17.1	0.1	4.5	0.4	21.4	0.0
23	94%	39.5	-0.1	0.5	-4.7	0.2	-5.2	0.3	-3.5	0.5	-2.8	0.6	49.1	0.0	16.8	0.0	50.6	0.0	-18.5	0.0	5.2	0.3	3.6	0.5	3.8	0.1	3.2	0.2
24	63%	45.1	-0.1	0.6	0.0	1.0	7.1	0.3	0.1	1.0	2.8	0.7	1.3	0.9	-4.6	0.6	-1.4	0.9	-19.8	0.0	2.6	0.7	-4.2	0.5	0.9	0.8	9.6	0.0
25	70%	42.5	0.0	0.9	-4.2	0.4	3.1	0.7	-22.1	0.0	-1.9	0.8	13.9	0.2	6.7	0.5	29.4	0.0	3.6	0.7	-1.7	0.8	-12.4	0.1	1.9	0.6	3.8	0.3

Appendix 8.3 Banking professionals' cluster analysis dendrogram